

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 weeks - 1 day**
(Specify whether
In this community **15 years**
years, months or days)

3. (a) PRINT FULL NAME **Esther C opley** **140**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **492-01-6106**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Dean Copley**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **June** **1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 **11** **18** hr. min.

9. Birthplace **Blackwell, Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER { 12. Name **Unknown Norton** **9**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace **11** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dean Copley**

(b) Address **3637 S. Broadway**

17. (a) **Burial** (b) Date thereof **5-26-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Godfrey Illinois**

18. (a) Signature of funeral director **With Rev. H. H. No**

(b) Address **2929 S. Jefferson Ave.**

19. (a) **MAY 24 1940** (b) **J. F. Burdick**
(Date received for registrar) (Registrar's signature)

2. USUAL RESIDENCE (OF DECEASED):

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **24**
(If outside city or town limits, write "RURAL")
(d) Street No. **3637 S. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
year **1940** hour **1** minute **00** P.M.

21. I hereby certify that I attended the deceased from **January 31**, 19 **40** to **May 23**, 19 **40**;
that I last saw her alive on **May 23**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of pancreas with metastasis to liver** **About 8 month**
Duration

Due to **HOI**
Due to

Other conditions **Pulmonary congestion**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma (metastatic) in liver**
Of autopsy **Same with site of origin in pancreas**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury **1**
23. Signature **Swan Norton** (M. D. or other) **1**
KWAN HEBEN HO
Address **1325 S. Grand Blvd.** Date signed **5-24-40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Paul Shanklin

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Edgar F. Witt

Licensed Embalmer No. *2117*

P. O. Address *2929 Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

**SUPPLEMENTARY MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 4593
 City..... (No....., St. Ward)

2. FULL NAME

(a) Residence, No..... St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE..... DATE..... 19.....				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>6/21</u> 19 <u>40</u> <u>J. F. Bredelet</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1940 to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed)....., M. D.
 (Address).....

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-17115