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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5359

ED MAR 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1607

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 419 Holly Hills / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 1 (If outside city or town limits, write "RURAL")

(d) Street No. 419 Holly Hills 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ellen Cuppy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ross Cuppy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 84 (Month) (Day) (Year)

8. AGE: Years About 84 | Months | Days | If less than one day hr. min.

9. Birthplace Indiana / (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Frank McCoy
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May Craig
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant John Cuppy

(b) Address 419 Holly Hills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) FEB 19 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th year 1941 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 27, 1940 to Feb 17, 1941 that I last saw her alive on Feb 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration Chronic

Due to

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joyl Kuppers (M. D. ~~or other~~)

Address 7702 Ivory Date signed 2/18/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Virgil L. Berryman

Licensed Embalmer No.....4018

P. O. Address.....St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.