

No. 2
13-40-5
-17-39

8254

State File No. _____

Registration No. 784

Primary Registration District No. 200

Registrar's No. 357

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

1. PLACE OF DEATH: St. Louis County

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 1/13/41
(Specify whether years, months or days)

In this community Since 1919

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11011

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

(d) Street No. 1029 a N. 12th Street
(If rural, give location) F

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

3. (a) PRINT FULL NAME COPPLE, Sam

3. (b) If veteran, name war World, 1918

3. (c) Social Security No. 496-12-7129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1941 hour 3 minute 30 A M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lilly Copple

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

7. Birth date of deceased July 11 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/13/41, 19____, to 2/16/41, 19____;
that I last saw him alive on 2/16/41, 19____,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>5</u>	<u>3</u> hr. <u>30A</u> M. <u>min.</u>

Immediate cause of death Tumor malignant left lung, type undetermined.

AND

Due to chronic asthmatic bronchitis

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

10. Usual occupation Candy clerk

11. Industry or business Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 478

Major findings: Of operations No operation

Of autopsy No autopsy

MOTHER FATHER

12. Name Frank Copple

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Marcell
(City, town, or county) (State or foreign country)

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lillie Copple

(b) Address Government Records, VAF, Jeff, Bk. Mo

17. (a) Burial (b) Date thereof 7/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadway Cem

18. (a) Signature of funeral director Shelley

(b) Address 2849 No Bullis

19. (a) FEB 16 1941 (b) R Meyer
(Date received local registrar) (Registrar's signature)

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 C. W. HUGHES, M.D. (M. D. or other) _____
Address Chief Medical Officer Date signed _____

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

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, fact should be so stated above.