

No. 2  
-1-4-41  
5-17-39  
I X28390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **16688**  
**4206**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
**City Hospital # 1**  
(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 **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2628 Montana**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**  
year **1941** hour **6** minute **0** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Fracture of Skull and  
Extradural Hemorrhage  
of Brain When He fell down  
a flight of 90 steps at  
4435 1/2 Eastern Ave  
about 3:30 Pm 5/15/41**

Duration  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

3. (a) PRINT FULL NAME **William Coplin**  
3. (b) If veteran, name war **No.**  
3. (c) Social Security No. **Unknown**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Clara**  
6. (c) Age of husband or wife if alive **23** years  
7. Birth date of deceased **May 1 1901**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**40 0 18** hr. min.

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

10. Usual occupation **WPA Worker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Daniel Coplin**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **May Humphrey**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hubert Seymore**  
(b) Address **Blytheville, Ark.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5/19/41**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Crocket, Ark.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Ave.**

19. (a) **MAY 19 1941** (Date received) **J. T. Buebeck** (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations **1860**  
Of autopsy **181**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **5/15/41**  
(c) Where did injury occur? **St. Louis Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **g'**  
23. Signature **Thornton F. Callahan** (M.D. or other) **3/27/01**  
Address **Deputy Coroner** Date signed

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

JUN 26 1941

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**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.....

Licensed Embalmer No.....

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.**