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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29805

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7143

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: 4525 Wichita Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 18 17

(d) Street No. 4525 Wichital Ave. (If rural, give location) 9

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

3. (a) PRINT FULL NAME Louis Clarence Copeland

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Copeland

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. (Month) 21st (Day) 1877 (Year)

8. AGE: Years 64 Months 6 Days 12 If less than one day ... hr. ... min.

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

10. Usual occupation Retired Machinist

11. Industry or business

FATHER 12. Name John Copeland

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

MOTHER 14. Maiden name Josephine White

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

16. (a) Informant Catherine Copeland

(b) Address 4525 Wichita Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-2-41 day ... year ... hour 4:30 minute ... A. M.

21. I hereby certify that I attended the deceased from July 12, 1941, to Sept 2, 1941, that I last saw him alive on Sept 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Intussusception

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 M. E. Shelton (M. D. or other)

Address 4300 Wisconsin Date signed 9/7/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. M.E. Sheets

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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