

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36545

State File No. ....

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8774

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 37 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County .....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3840 Finney Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Nathan Copeland

3. (b) If veteran, name war ----- 3. (c) Social Security No. 702-07-783

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Copeland 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 3rd, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 8 1 ..... hr. .... min.

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

10. Usual occupation Waiter

11. Industry or business Frisco-Railroad

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Mamie Copeland

(b) Address 3840 Finney Ave.

17. (a) Burial (b) Date thereof 11-8-1941  
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Estes

(b) Address 4107 Finney Ave. St. Louis

19. (a) NOV 5 1941 (b) J. J. Bredenk  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4, 1941  
year ..... hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 27, 1941  
to November 4, 1941

that I last saw him alive on November 4, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Hypertensive Heart Disease and Nephritis - Chronic Nephritis Unk.

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 J. W. Johnson (M. D. or other)  
Address 2601 27th St. Date signed 11-4-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

..... James A. Johnson ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*James A. Johnson*  
.....  
Licensed Embalmer No. 3522.....

P. O. Address 4107 Finney Ave......

**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.**