

No. 2
5-42
5-17-39
X32673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

28632

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 8013

1. PLACE OF DEATH:

(a) County.....

(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:
2843A Eads Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 27 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 091
12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
9 2 3

(d) Street No. 2843A Eads Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ralph Copenhaver

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M Color or race W

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

6. (b) Name of husband or wife Cleora

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 4th 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 4 21 hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

MOTHER FATHER { 12. Name Leonard Copenhaver

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

14. Maiden name Matilda Sumner

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

16. (a) Informant Cleora Copenhaver

(b) Address 2843A Eads Ave.

17. (a) Burial (b) Date thereof 9/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. M. = daughter

(b) Address 2301 Lafayette Ave.

19. (a) SEP 28 1942 (b) J. F. Presack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th
year 1942 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Sept 25 1942
that I last saw him in alive on Sept 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral apoplexy. 1 day.

Due to.....

Arterio Sclerosis 1 year
by post-mortem

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

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?.....

While at work? (Specify type of place) (a) Means of injury.....

23. Signature Jules De Koller (M. D. or other) M.D.
Address 2603 Cherokee St Date signed 9/27/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. R. Casper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.