

FILED MAR 6 1944 318

State File No.

1839

Registration District No.

Primary Registration District No. 1003

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: Jewish
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 6 days
In this community same
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills. (b) County Madison
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Thomas St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Amanda Pope

(b) If veteran, name war no

(c) Social Security No. none

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Pope
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug 2-1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 19
If less than one day hr. min.

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

10. Usual occupation Housework at home

11. Industry or business _____

12. Name G. W. Cawvey

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Miranda Gibson

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant John N Pope
(b) Address Edwardsville, Ills.

17. (a) burial (b) Date thereof Feb 23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G. Gaseville, Ills.
(d) Signature of funeral director Geo. M. Ellerspacher
(e) Address Collinsville, Ills. #1598
(f) Date received local registrar FEB 24 1946
(g) Registrar's signature J. F. Bulech

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st
year 1944 hour 11 minute 55 AM

21. I hereby certify that I attended the deceased from 10-15, 1943, to 2-21, 1944
that I last saw her alive on 2-30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the urethra 1 yr

Due to _____
Due to 52 C

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

Major findings: Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature L. M. Aronberg (M. D. or other) _____
Address 462 No. Taylor, St. Louis, Mo. Date signed 2/21/44

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

1839

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 *Geo M. Alva*

Licensed Embalmer No. *1598*

P. O. Address *Callisville, Ala*

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.