No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16875

Registrar's No. 4967

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7yrs.1mo.1da. (Specify whether years, months or days)

In this community 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. City Sanitarium 13
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA WILSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased ? (Month) ? (Day) 1859 ? (Year)

8. AGE: Years 85 | Months ? | Days ? | If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

FATHER
12. Name Henry Copeland
13. Birthplace Virginia (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Martha ?
15. Birthplace Virginia (City, town, or county) / (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1'44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) MAY 30 1944 (Date received local registrar) (b) J. F. Bruscek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 6.00 a. minute a. M.

21. I hereby certify that I attended the deceased from 12-1-1943, 19__, to May 27, 1944 that I last saw h. er alive on May 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	1944x
Arteriosclerotic Hearts Disease	1944x
Due to	
Due to	
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) (e) Means of injury _____

23. Signature Bernard Bregale (M. D. or other) M.D.
Address 5301 Arsenal Date signed 1/2/44

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Russell

Licensed Embalmer No. 4112

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.