

No. 2
-12-45
5-17-39
I X4707

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6136**
Registrar's No. **2140**

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

FILED MAR 11 1947

218

Primary Registration District No. **1003**

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:
City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **37 yrs 8 mos 9 das**
 In this community **78 years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CAROLINE COPPEANS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **January 15 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	1	12	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Charles Albright** 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Alma Cotter** 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Dingler**
(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **Mar. 3, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Paschedag-Henke**
(b) Address **MAR 3 1947 2825 N. Grand Blvd**

19. (a) (b) **J. A. Bredeck**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1455 Warren St**
 (If rural, give location) **No**
 (e) Citizen of foreign country?..... (Yes or No) **No**
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **27th**
year **1947** hour **5:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 1 1938** to **Febr 27 1947**
that I last saw her alive on **Febr 27 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia** **4 das**
Arteriosclerosis-generalized **3 yrs.**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) **107**

PHYSICIAN

Major findings:
Of operations.....
Of autopsy **yes**
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 **A.K. Bunch** (M. D. or other) **O**
Address **5400 Arsenal St.** Date signed **2/28/47**

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.