S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30935

Registrar's No. 8482

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: 1222 Benton St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yr 1 (Specify whether
In this community 5 yr
years, months or days)

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. 1222 Benton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Cupp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov (Month) 6 (Day) 1870 (Year)

8. AGE: Years 77 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Green County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Cupp
13. Birthplace (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Bertha York
15. Birthplace (City, town, or county) Ark (State or foreign country)

16. (a) Informant Allie Cupp
(b) Address 1112 Madison St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Rector Arkansas

18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address 4104 Manchester

19. (a) SEP 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1948 hour 9 minute 26 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Hughes (M.D. or other)

Address Date signed 9/29/48

(Licensed Embalmer's Statement on Reverse Side)

8888

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.....Paul M. Spencer.....

Licensed Embalmer No.....4343.....

P. O. Address.....St. Louis Mo.....

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.