No. 300
10.48

FILED FEB 23 1949

Grand + Lay Dwarken

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6071

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1108

23

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 Geyer Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: MN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17
d. STREET ADDRESS (If rural, give location): 316 Geyer Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): J.
c. (Last): Coplind

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2 1949

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-21-1891

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Don't Know 4

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Don't Know

13b. MOTHER'S MAIDEN NAME: Don't Know

14. NAME OF HUSBAND OR WIFE: Nell Coplind

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 1

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nell Coplind — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure — 5 days
DUE TO (c) Chronic Myocarditis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9.20
1928
4228

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Jan *19*49*, to* 2 Feb *, 19*49*, that I last saw the deceased alive on* 2 Feb *, 19*49*, and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S Dwarken MD V

23b. ADDRESS: 1657 So Grand Blvd

23c. DATE SIGNED: 3 Feb 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-5-1949

24c. NAME OF CEMETERY OR CREMATORY: National Cemetery

24d. LOCATION (City, town, or county) (State): Jefferson BKS. Mo.

DATE REC'D BY LOCAL REG.: FEB 5

REGISTRAR'S SIGNATURE: J. B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE: Weick Bro. Und. Co. — ADDRESS: 2201 S. Grand Bl.

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 [illegible]

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed James R Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl

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.