

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22617

State File No.

BIRTH NO. 38376-53 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>11-17</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson</u>		d. STREET ADDRESS (If rural, give location) <u>U. S. N. Base. 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Lee</u> c. (Last) <u>Pope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1953</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>none</u>		8. DATE OF BIRTH <u>June 13, 1953</u>			
9. AGE (In years last birthday) <u>1 1/2</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u>12</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A.</u>		
13a. FATHER'S NAME <u>John W. Pope</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret A. Stagner</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret S. Pope</u>			ADDRESS <u>324 1/2 Chance Overland, Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible cerebral injury</u>					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7605</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>13 June, 1953</u> , to <u>15 June, 1953</u> , that I last saw the deceased alive on <u>14 June, 1953</u> , and that death occurred at <u>2:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Arue E. Carlson</u>				(Degree or title) <u>M.O.</u>		23b. ADDRESS <u>889 Melvin Ave. ST. Louis, Mo.</u>		23c. DATE SIGNED <u>15 June 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Century</u>		24d. LOCATION (City, town, or county) (State) <u>Kolla, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 16 1953</u>		REGISTRAR'S SIGNATURE <u>Samuel H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bros Woodman</u>		ADDRESS <u>2504 Overland</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

David C Gibson

Licensed Embalmer No.

3454

P. O. Address

Overland 14

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.