

THE DIVISION OF HEALTH OF MISSOURI

4852-54 STANDARD CERTIFICATE OF DEATH

State File No. **6046**  
Registrar's No. **1480**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MISSOURI</b> ) c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST. LOUIS CITY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>22 1819 Rutger</b> <span style="float:right">2229/0</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DIANA</b> b. (Middle) <b>MAE</b> c. (Last) <b>COPLING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 4, 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JAN. 3, 1954</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <b>32 15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GEORGE COPLING</b>	
13b. MOTHER'S MAIDEN NAME <b>GENEVIEVE PARSONS</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>HOSPITAL RECORD</b>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis of newborn</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Spina bifida and thoracic meningoencephalocele</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?  <b>7620</b>	
22. I hereby certify that I attended the deceased from <u>1-3-54</u> , 19 <u>  </u> , to <u>1-4-54</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>1-4-54</u> , 19 <u>  </u> , and that death occurred at <u>7:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mary A. Davis, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>1-6-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <b>FEB 18 1954</b>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service</u>	

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**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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.