

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7287

State File No.

46248-53
FILED FEB 18 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Ballwin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin	
c. LENGTH OF STAY (In this place) 2 WKS.		d. STREET ADDRESS (If rural, give location) Kehrs Mill Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kehrs Mill Road			

3. NAME OF DECEASED a. (First) Michael b. (Middle) Lawrence c. (Last) Copeland			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/12/53	9. AGE (In years last birthday) 6	10. UNDER 1 YEAR Months 9	11. UNDER 1 Wks. Hours 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lawrence M. Copeland	13b. MOTHER'S MAIDEN NAME Verneal Murray	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lawrence M. Copeland, Ballwin, Mo.	ADDRESS Ballwin, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis, acute		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration due to			36 hrs
	DUE TO (c) Enteritis, acute			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 20, 1954, to Jan 21, 1954, that I last saw the deceased alive on Jan 20, 1954, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE James E. Meyer M.D.	23b. ADDRESS Bellevue, Missouri	23c. DATE SIGNED Jan 21 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/21/54	24c. NAME OF CEMETERY OR CREMATORY Van Buren, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 1/21/54	REGISTRAR'S SIGNATURE Verneal Murray	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.	ADDRESS
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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 _____

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 this body is not embalmed, fact should be so stated above.

Not embalmed