

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **24401**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6356**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital		e. STREET ADDRESS (If rural, give location) 1458 So. Grand Blvd. 21890	

3. NAME OF DECEASED (Type or Print) a. (First) Angelo b. (Middle) R. c. (Last) Copple		4. DATE OF DEATH (Month) (Day) (Year) July 12 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26 1886
9. AGE (In years last birthday) 68	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 Operator		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop	11. BIRTHPLACE (City and State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY? Italy			

13a. FATHER'S NAME Frank Copple	13b. MOTHER'S MAIDEN NAME Theresa Marcelli	14. NAME OF HUSBAND OR WIFE Ethel Copple
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ethel Copple
		ADDRESS 3330 Wisconsin

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized		MEDICAL CERTIFICATION Generalized Bacilleraemia	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) Bacilleraemia			
	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 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? 1998
22. I hereby certify that I attended the deceased from May 10, 1954 , to July 12, 1954 , that I last saw the deceased alive on July 12, 1954 , and that death occurred at 9:50 P.M. from the causes and on the date stated above.		

23a. SIGNATURE Joseph B. Guccione	(Degree or title)	23b. ADDRESS 201 No Taylor	23c. DATE SIGNED 7/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/16/54	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. III 13 1954	REGISTRAR'S SIGNATURE J. Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's	ADDRESS 2849 N. Euclid Ave.
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(Licensed Embalmers' 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.....
Signature of Student Embalmer

Signed..... *W. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *St. Louis*

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.