

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16549  
4348

State File No. ....

Registrar's No. ....

FILED JUN 3 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. CITY OR TOWN Lemay	
c. LENGTH OF STAY (in this place) 2 Weeks		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital		e. STREET ADDRESS (If rural, give location) 9981 Lark ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Glenn b. (Middle) B. c. (Last) Coppedge		4. DATE OF DEATH (Month) (Day) (Year) May 16, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1906
9. AGE (In years last birthday) 49		10. KIND OF BUSINESS OR INDUSTRY Ford Drayage Co.	11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		12. CITIZENSHIP OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Edward J. Coppedge		13b. MOTHER'S MAIDEN NAME Hannah Powell	
14. NAME OF HUSBAND OR WIFE Maxine		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none	
16. SOCIAL SECURITY NO. 497-05-5687		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maxine Coppedge 9981 Lark ave. Lemay, Mo.	
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>Carcinoma of Stomach</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ulcer</u> DUE TO (c) <u>"</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Apr 25</u>		19b. MAJOR FINDINGS OF OPERATION <u>ca of stomach + Bowels</u>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>	
22. I hereby certify that I attended the deceased from <u>Jan 1, 1954</u> to <u>May 16, 1955</u> , that I last saw the deceased alive on <u>May 16, 1954</u> , and that death occurred at <u>3:32 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S + S Gagne M.D.</u>		23b. ADDRESS <u>2752 Schreiber</u>	
23c. DATE SIGNED <u>5-17-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE <u>May 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Gravois &amp; McKenzie Rd, St. L. Co.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. Hoffmeister U&amp;L Co. 7814 S. Broadway Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 17 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith mo</u>	

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 *Linus C. Hoffmeister*

Licensed Embalmer No. 387

P. O. Address 7814 S. B.

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.