

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41861

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10795**

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>1</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ALEXIAN BROS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>3336 OHIO AVE</b>	
3. NAME OF DECEASED (Type or print) <b>JAMES L. COPENHAVER</b>		4. DATE OF DEATH <b>NOV 10 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 21 1889</b>
9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	11. BIRTHPLACE (City and state of country) <b>MISSOURI</b>
100. KIND OF BUSINESS OR INDUSTRY <b>INT. SHOE CO</b>	11. BIRTHPLACE (City and state of country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>	
13. FATHER'S NAME <b>LEONARD COPENHAVER</b>		14. MOTHER'S MAIDEN NAME <b>MATHILDA SUMMERS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	(If yes, give war or dates of service) <b>WORLD WAR I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>FRIEDA COPENHAVER</b> Address <b>3336 OHIO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1-2 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Hypertensive Cardio-Vascular Renal Syndrome</b> <b>4-5 years</b>
			DUE TO (c) <b>Prostatic Hypertrophy &amp; Urinary Retention</b> <b>4-5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>None</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>610x</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Sept. 5, 1905</b> to <b>November 9, 1957</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>11/10/57</b> . Death occurred at <b>5:42 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. Paul H. Willert M.D.</b>		22b. ADDRESS <b>2805 Chanda - Adams Mo</b>	22c. DATE SIGNED <b>11/12/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>Nov. 13 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
24. FUNERAL DIRECTOR <b>Thomas Kutie 2906 Beamin</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 12 57</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith MO</b>

