

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034327
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2670

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 9 1963

VS 300
Rev. 4/59

4003

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9200

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DATE AMENDED

9-20-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

10-19-1963

SHOULD READ

8-19-1963

ITEM NO.

4

DOCUMENT

BY AFFIDAVIT OF Exam. Registrar

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Dilworth Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4515 Lindell
3. NAME OF DECEASED (Type or print) LEILA G. COPE		First Middle Last	4. DATE OF DEATH Oct. Aug. 19 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 12, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY housewife	9. AGE (last birthday) 85
11a. FATHER'S NAME Alfred Guyot		11b. MOTHER'S MAIDEN NAME Isabelle Ramsey	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	17. INFORMANT Arnold Cope 813 Westwood Dr
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 5 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Marked cerebral arteriosclerosis		uncertain	
DUE TO (c) Arteriosclerotic Heart Dis		uncertain	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour 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 6/25/1963 to 8/19/63 and last saw her alive on 8/17/63		Death occurred at 12:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Thomas E. Fisher M.D.		22b. ADDRESS 4660 Maryland	22c. DATE SIGNED 8/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 8/21/63	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
24. FUNERAL DIRECTOR Lupton Chapel, Inc 7233 Delmar		23d. LOCATION (City, town, or county) St. Louis County Missouri	26. REGISTRAR'S SIGNATURE John B. M... 1792
25. DATE RECD. BY LOCAL REG. 8-19-63		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

County Dr. Parker

2-12-3
9-12 PM
A.M. 4660
Fo-1-6074

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.