

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037462

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9565 STATE FILE NUMBER

FILED OCT 4 1963

1. PLACE OF DEATH
a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b _____ c. CITY OR TOWN Birmingham Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 807 Wingate Circle Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Alabama b. COUNTY _____

3. NAME OF DECEASED (Type or print) First Emma Middle E. Last Cuppy 4. DATE OF DEATH Month Sept. Day 24 Year 1963

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-25-91 9. AGE (last birthday) 71 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

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 country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank Kohlmann 13b. MOTHER'S MAIDEN NAME Maria Kuhn 14. NAME OF HUSBAND OR WIFE Edward J. Cuppy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Birmingham, Alabama Address S. W. T. Thomas 807 Wingate Circle

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
DUE TO (b) Coronary artery disease
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Sept 4, 1963 to Sept 24, 1963 and last saw her alive on Sept 23, 1963
Death occurred at 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Norman Opfel M.D. 22b. ADDRESS 100 N. Euclid 22c. DATE SIGNED 9/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal train 23b. DATE 9-26-63 23c. NAME OF CEMETERY OR CREMATORY _____ 23d. LOCATION (City, town, or county) Birmingham, Alabama (State) _____

24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo 25. DATE RECD. BY LOCAL REG. SEP 24 1963 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Mr. Ornel
100 N. Lincoln
165 P.M.

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 David C. Rill

Licensed Embalmer No. 4347

P. O. Address 6322 S. Grand

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.