

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. 3617 St. Taylor Ave) St. _____ Ward _____

File No. **14578**
 Registered No. **3763**

2. FULL NAME

George Poppo
 (a) Residence, No. 3617 St. Taylor Ave St. 10 Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. _____ How long in U. S., if of foreign birth? yrs. mos. ds. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Poppo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19 - 1885</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>1</u>
		DAYS
		<u>24</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brewer Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1934, to April 13 1934
 I last saw him alive on April 13 1934. Death is said to have occurred on the date stated above, at 10:15 Am.
 The principal cause of death and related causes of importance were as follows:

Poppo George 4-12-34 Date of onset
Angels Poppo 1-11-34
Paula's Doctor Rheumatism 11-34
 124B
 131
 92A
 Other contributory causes of importance:
Chronic Infarct 1-11-34
Coronary Thrombosis 11-34

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	13. NAME <u>Not known</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	15. MAIDEN NAME <u>Not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>

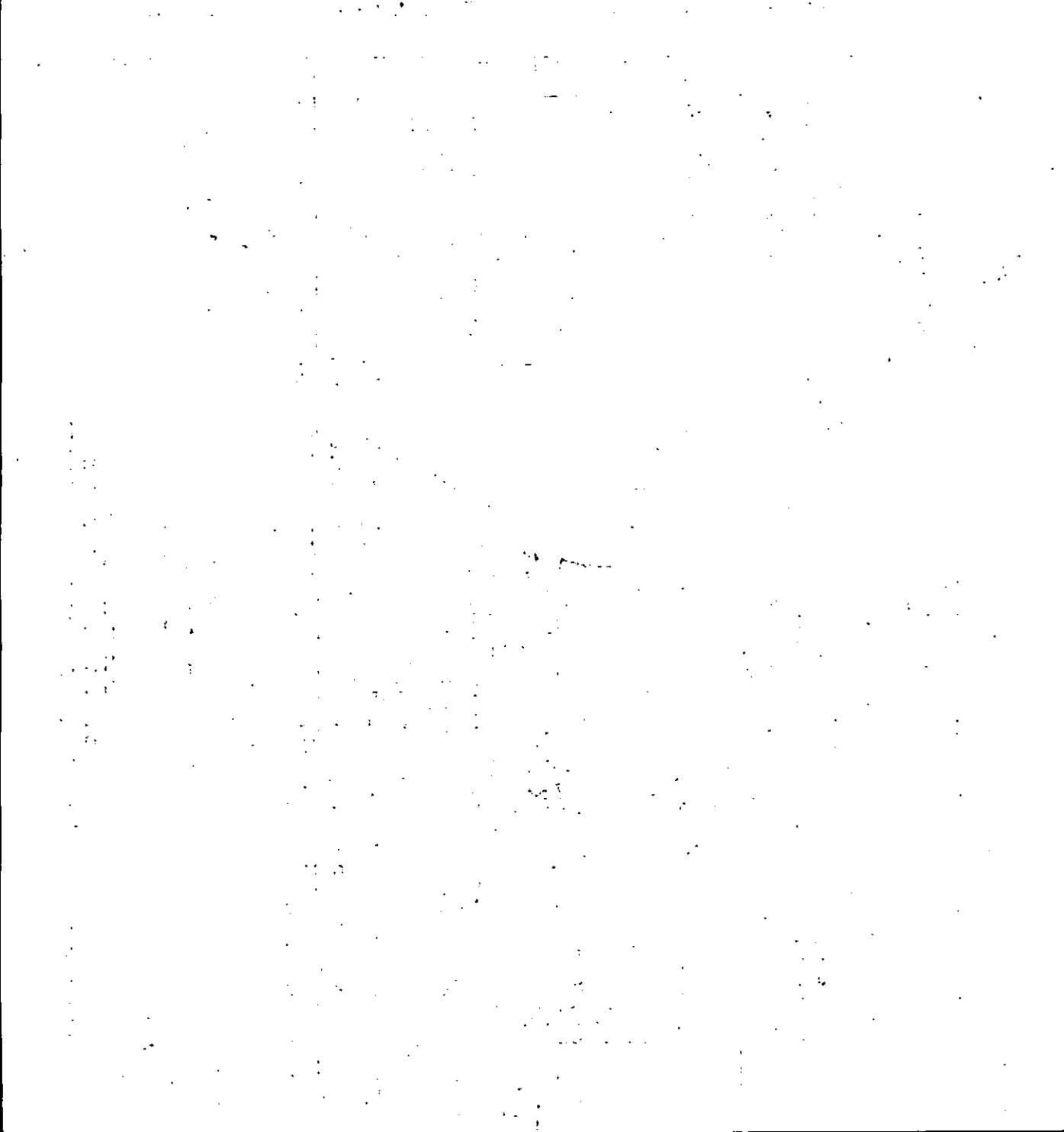
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT <u>Barbara Poppo</u> (ADDRESS) <u>3617 St. Taylor Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Zions</u> DATE <u>April 16 1934</u>
19. UNDERTAKER <u>Hy Leidner and Co</u> (ADDRESS) <u>1417 N. Market St.</u>
20. FILED <u>APR 15 1934</u> <u>J. B. Beck</u> Registrar.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Paul J. Maguire, M. D.
 (Address) 1901 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No.....) St. (Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 3763

2. FULL NAME

(a) Residence, No. George Papp St. Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

w

m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49

1

24

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

apoplexy cerebral
Other contributory causes of importance gja

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED

9-8-34 J J Bredecks Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Dr B. Stegal, M. D.

(Address) 1901 Madison

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-14578