

13018

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHRegistrar's No. **3220**

MAY 15 1940

Registration District No. \_\_\_\_\_

791

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

3220

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether  
 In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME Charles Henry Poppert 163

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower6. (b) Name of husband or wife Christine 6. (c) Age of husband or wife if alive --- years7. Birth date of deceased May 9, 1855  
(Month) (Day) (Year)8. AGE: Years 84 Months 10 Days 26 If less than one day hr. \_\_\_ min. \_\_\_9. Birthplace Milwaukee Wisconsin  
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business 912. Name Unknown13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward X. Stoh(b) Address 3543a Delor St.17. (a) Burial (b) Date thereof 4/8/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lakewood Park18. (a) Signature of funeral director Wacker-Heldlerle(b) Address 2331 S. Broadway19. (a) APR 8 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3911 Texas Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5  
year 1940 hour 5 minute 8 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration  
illuminating Gas Poisoning while hospitalized for result of illuminating  
Due to gas poisoning when he was found in the kitchen of his home April  
burner of gas stove open  
 Due to lat 1940 about 6:50 P. M. with  
 other conditions Whether accidental or attempted suicide could not  
(Include pregnancy within 3 months of death)

Major findings: be ascertained

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence April 1st 1940(c) Where did injury occur? In home  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
St. Louis MoWhile at work? \_\_\_\_\_  
(Specify type of place) (b) Means of injury \_\_\_\_\_28. Signature Joseph M. ... (M. D. or other) \_\_\_\_\_Address ... Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39  
1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank J. Wyland Sr.*

Licensed Embalmer No. *2645*

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 this body is not embalmed, above space should be left blank.**