

No. 2
13-40
17-39
X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33713**

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

NOV 16 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8410**

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 **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5461 Arlington Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9th.**
year **1940** hour **6** minute **20** P. M.

21. I hereby certify that I attended the deceased from **Sept. 30**
19**40**, to **Oct. 8**, 19**40**,
that I last saw **er** alive on **Oct. 8**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic**
myocarditis Duration
years

Due to **chronic gall bladder**
trouble (stones) 25 yrs

Due to **acute hepatitis caused**
by chr. gall bladder
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **930**
Of operations _____
Of autopsy **acute hepatitis**
mesenteric thrombosis
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury **1**

23. Signature **Arthur Emmons** (M. D. or other) **Oct. 9**
Address **2202 University St.** Date signed _____

3. (a) PRINT FULLNAME **Lucretia E. Poppenhouse**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **WM. F. Poppenhouse** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar. 4 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 4 hr. _____ min.

9. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife 0**

11. Industry or business **!**

12. Name **Perry Agee**

13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucretia Satterfield**

15. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nora Gielow**

(b) Address **5461 Arlington Ave.**

17. (a) **Burial** (b) Date thereof **10-11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **OCT 10 1940** (b) **J. B. Brubaker**
(Date received local registrar) (Registrar's signature)

150-2-
Episcopal Ministry

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

W. R. Thompson, Registered Apprentice No. 248
working under my personal supervision.

Signed R. M. Sanford
Licensed Embalmer No. 2273
P. O. Address St Louis

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, fact should be so stated above.