

FILED JUL 12 1947
Registration District No. **318**

Primary Registration District No. **1000**

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

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:
4452 Greer Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

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. 4452 Greer Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Alice Popplewell

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, Married!
6. (b) Name of husband or wife Henry Popplewell 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased November 2 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 25 hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Thomas Smith

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Fort

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

16. (a) Informant Henry H. Popplewell

(b) Address 4828 Nat. Bridge Blvd

17. (a) Receiving Tomb (b) Date thereof July 2, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (c) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat. Bridge Blvd

19. (a) JUL 2 1947 (b) J. F. B. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 4/15 to 6/27, 1947.
that I last saw her alive on 6/26, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
General metastasis of adenocarcinoma of breast
Due to metastasis of breast
Duration 6 mos
17 1/2

Due to.....
Other conditions (include pregnancy within 3 months of death) 50

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 0

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature [Signature] (M. D. or other) [Signature]
Address 2605 A [Address] Date signed 6/27/47

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 John A. Mlinar
Licensed Embalmer No. 4186
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, fact should be so stated above.