

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5202a Waterman
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE POEPPING
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 30th
year 1948 hour 11 minute 08 A.M.
21. I hereby certify that I attended the deceased from _____, 1948, to Aug. 30th, 1948
that I last saw her alive on Aug. 30th, 1948
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Noel **6. (c) Age of husband or wife if alive** 83 years
7. Birth date of deceased Aug. 19 1873
(Month) (Day) (Year)

Immediate cause of death
Thrombosis of Rt. Coronary -
subacute artery **Duration** 4 days

8. AGE: Years 75 Months 0 Days 11
If less than one day _____ hr. _____ min.

Due to Hypertension & Arteriosclerosis
Due to _____

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Other conditions Broncho pneumonia
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Henry Homeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Florida Orwe
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Noel Poepping Jr.
(b) Address 5202a Waterman Ave.
17. (a) burial **(b) Date thereof** 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director A. Kron L&U. Co.
(b) Address 2707 N. Grand Blvd.
19. (a) SEP 1 1948 **(b)** J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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? _____
23. Signature William M. Lusk **(Specify type of place)** Home
(b) Address 1515 Lafayette **Means of injury** M.D.
(c) Date signed 8/31/48
(M. D. or other)

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

MOTHER FATHER

Embk separate Cert filed SEP 2 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.