

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35505
Registrar's No. 9634

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St Louis Mo.				a. STATE Missouri		b. COUNTY Warren Co.	
c. LENGTH OF STAY (in this place) 4 days				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton 1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital.				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print)		a. (First) Arthur		b. (Middle) F		c. (Last) Poepelemeyer	
4. DATE OF DEATH		(Month) Oct		(Day) 30		(Year) 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 26 1885		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Holstein Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Simon Poepelemeyer		13b. MOTHER'S MAIDEN NAME Wilhelmina Knapheide		14. NAME OF HUSBAND OR WIFE Flora Poepelemeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis H Poepelemeyer Crystal City Mo			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sanguine, right leg</i>				2 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <i>arteriosclerotic peripheral vessels, decompensated</i>	
		DUE TO (c) <i>Diabetes Mellitus</i>				5-10 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X			
22. I hereby certify that I attended the deceased from 10-27-51, to 10-30-51, that I last saw the deceased alive on 10-30-51, and that death occurred at 10:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Koch MD. / by John Stehman MD.				23b. ADDRESS 35 N. Central		23c. DATE SIGNED 10-31-51	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Oct 31-51		24c. NAME OF CEMETERY OR CREMATORY Warrenton Mem Cem.		24d. LOCATION (City, town, or county) (State) Warrenton Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 31 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hopper 4700 Washington					

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

NOV 23 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

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.