

no. 300
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FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23177
Registrar's No. 1666

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL		c. CITY (If outside corporate limits, write RURAL and give township) L 000	
c. LENGTH OF STAY (In this place) 2 MONTHS		d. STREET ADDRESS (If rural, give location) LEMAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Le MAY - Highway 61			

3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) HELENTA c. (Last) POEPPER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 19, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH APR. 22 1877	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Days 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (State or foreign country) ROCK CREEK MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JACOB DIEHL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DEC			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. RAYMOND TIEFENBUNN ARNOLD MO.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 30 min.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cardio-vascular disease DUE TO (c) Hypertension				Several 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 6-15, 1952, to 6-19, 1952, that I last saw the deceased alive on 6-19, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bruce S. Treelies M.D.		23b. ADDRESS 752 Lemay Ferry, MO		23c. DATE SIGNED 6-20-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 21, 1952		24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CEMETERY		24d. LOCATION (City, town, or county) (State) ARNOLD MO	
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DATE REC'D BY LOCAL REG. 6-20-52		REGISTRAR'S SIGNATURE Herbert R. Donk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elmer Halsteg

Licensed Embalmer No. *3591*

P. O. Address *Imperial 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.