

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33886

FILED OCT 1 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7772

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>6hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 4870</u>		d. STREET ADDRESS (If rural, give location) / <u>732 Bartolet Lemay 23 Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1953</u>		
3. NAME OF DECEASED (Type or Print) <u>Jules</u>	a. (First)	b. (Middle) <u>Arville</u>	c. (Last) <u>Popp</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 24 1896</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Electrician American Car Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George W. Popp</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Schwartz</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma Popp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>943-07-1676</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma Popp 732 Bartolet Lemay 23 Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma.</u>				
	ANTECEDENT CAUSES DUE TO (b) <u>Diabetes Mellitus</u>				
	DUE TO (c) <u>Myocardial Pathology</u>				
	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				
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) <u>260X</u>			
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? <u>noone</u>			
22. I hereby certify that I attended the deceased from <u>6 Aug 1953</u> , to <u>6 Aug 1953</u> , that I last saw the deceased alive on <u>6 August, 1953</u> and that death occurred at <u>5:30 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John G. Kellett</u> (Degree or title)		23b. ADDRESS <u>7602 S. Bway</u>		23c. DATE SIGNED <u>7 Aug 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 10 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DN KELLETT

7602 - S. Broadway,

VE 2-1320

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

Jack Haupt

Licensed Embalmer No.

4546

P. O. Address

H. H. Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.