

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11268**  
**2330**

318

1003

Registrar's No. ....

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                      |  |                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                       |  | REG. DIST. NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | PRIMARY REG. DIST. NO. <b>1003</b>                                                                                                   |  | Registrar's No. ....                                                                                                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b><br>b. COUNTY _____ |  |                                                                                                                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>                                                                                                                                         |  | c. LENGTH OF STAY (in this place) <b>35 YRS</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | c. CITY OR TOWN <b>ST. LOUIS</b>                                                                                                     |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA CITY HOSPITAL</b>                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | STREET ADDRESS (If rural, give location) <b>12 5327 PERSHING 2120</b>                                                                |  |                                                                                                                                   |  |
| 3. NAME OF DECEASED (Type or Print) <b>JEANNETTE</b>                                                                                                                                                                                  |  | a. (First) <b>A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | b. (Middle) <b>POPPE</b>                                                                                                             |  | c. (Last) <b>POPPE</b>                                                                                                            |  |
| 4. DATE OF DEATH <b>MAR-4-1956</b>                                                                                                                                                                                                    |  | 5. SEX <b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 6. COLOR OR RACE <b>W</b>                                                                                                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>                                                             |  |
| 8. DATE OF BIRTH <b>MAR-29-1883</b>                                                                                                                                                                                                   |  | 9. AGE (In years if UNDER 1 YEAR last birthday) <b>72</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  | 10. MONTH <b>11</b>                                                                                                                  |  | 11. DAY <b>5</b>                                                                                                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>                                                                                                                          |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>BUFFALO - N.Y.</b>                                                             |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>                                                                                           |  |
| 13a. FATHER'S NAME <b>GAMES MOFFAT</b>                                                                                                                                                                                                |  | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14. NAME OF HUSBAND OR WIFE <b>MAX. E. POPPE</b>                                                                                     |  |                                                                                                                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>                                                                                                                    |  | 16. SOCIAL SECURITY NO. <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alberta Phillips</b>                                                                       |  |                                                                                                                                   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.         |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cholecystitis</b><br>ANTECEDENT CAUSES <b>Cholelithiasis;</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis.</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                      |  | INTERVAL BETWEEN ONSET AND DEATH _____                                                                                            |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION <b>584x</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                      |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____                                                                                                 |  | 21d. (COUNTY) _____                                                                                                               |  |
| 21e. (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? _____                                                                                                  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>930A</b> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                      |  |                                                                                                                                   |  |
| 23a. SIGNATURE <b>James M. Seay</b>                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 23b. ADDRESS <b>1300 Clark</b>                                                                                                       |  | 23c. DATE SIGNED <b>3-6-56</b>                                                                                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>                                                                                                                                                                              |  | 24b. DATE <b>MAR-7-56</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY <b>LAUREL HILL</b>                                                                                |  | 24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY - MO</b>                                                        |  |
| DATE REC'D BY LOCAL REG. <b>MAR 6 1956</b>                                                                                                                                                                                            |  | REGISTRAR'S SIGNATURE <b>Heath Smith MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Tanner</b>                                                                                 |  |                                                                                                                                   |  |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | ADDRESS <b>6107 National Bridge</b>                                                                                                  |  |                                                                                                                                   |  |

(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.....  
Signature of Student Embalmer

Signed

*John J. Haine*

Licensed Embalmer No. *419*

P. O. Address *Haine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.