

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013716

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2721**

STATE FILE NUMBER

**FILED MAR 28 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY                                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b<br><b>21 yrs</b>   | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3937 Sullivan</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>3937 S.,llivan</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                            |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ORA</b> Middle <b>L.</b> Last <b>POPLUS.</b>  |   |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>4,</b> Year <b>1963</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4/16/1905</b>  |
| 9. AGE (last birthday)<br><b>57</b>  |   | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>19</b>  | IF UNDER 24 HR<br>Hours <b>19</b> Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Wildcat, Okla.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>William Turner</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Rosie Johnson</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Gilbert Poplus</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><b>Gilbert D. Poplus, 3937 Sullivan</b>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per I. DEATH WAS CAUSED BY:<br>PART I. IMMEDIATE CAUSE (a) <b>Myocardial infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) <b>4201</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ <b>9:35 p</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Helen L. Taylor, Coroner</b>  |   | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  |   |
| 22c. DATE SIGNED<br><b>3-8-63</b>  |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>3/9/63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Charles J. Gates, Jr., 4107 Finney</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 8 1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>  |

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student Raymond Dickson Signed Guyton Swan  
Signature of Student Embalmer

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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