

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28223

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City St Louis (No. City of St Louis)

File No.....
Registered No. 8068
St..... Ward

2. FULL NAME

(a) Residence. No. 1414 1/2 St. St. 6 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr J Popers

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1930, to Aug 9, 1930 that I last saw him alive on Aug 8, 1930, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1867

Fracture of neck of Rt. Femur falling from Bed (duration) yrs. mos. 14 ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 | 11 | 3 | 107A

Broncho-Pneumonia (duration) yrs. mos. 3 ds. Accident

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. at home (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....

18. WAS DISEASE CONTRACTED AT PLACE OF DEATH? no

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

19. DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY? no

10. NAME OF FATHER John Shoeman

WHAT TEST CONFIRMED DIAGNOSIS X-ray (Signed) Ben Margulois, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) 1414 1/2 St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 8-13 1930

15. FILED Aug 12 1930 REGISTRAR Arthur J Donnelly

20. UNDERTAKER Arthur J Donnelly ADDRESS 2037 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Counts

1386