

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

Do not use this space.

25203

1. PLACE OF DEATH

109 County Warren
Township Charrette
City _____ (No. _____)

Registration District No. 884
Primary Registration District No. 6176

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Hermann Friedrich Poeppelmeier

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WHO WIFE OR DIVORCED HUSBAND OF (OR WIFE OF) Mattilda Poeppelmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1860

7. AGE YEARS 72 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 1-1-19 11. Total time (years) 98 spent in this occupation 76

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boncour Hill Mo.

13. NAME Ernest Poeppelmeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Selma Mo.

15. MAIDEN NAME Florentine Starks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edwin Poeppelmeier

18. BURIAL, CREMATION, OR REMOVAL PLACE Holstein Mo. DATE July 8 1932

19. UNDERTAKER Fred Whitchurch

(ADDRESS) Marionville Mo.

20. FILED July 7 1932 H. E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1932

22. I HEREBY CERTIFY That I attended deceased from Sept 10 1925 to July 6 1932

I last saw him alive on July 10 1932 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma Date of onset 1880
935 930
112 930

Other contributory causes of importance:

Chronic myocarditis 7 years

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Herman J. Schmidt, M. D.

(Address) Marionville Mo.

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.

Aug 27 1932

1945

1945

1945