

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.

JAN 13 1935

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

Do not use this space.

41126

1. PLACE OF DEATH

County.....
Township.....
City.....
#12472

Registration District No.....
Primary Registration District No.....
City.....
791
1003

File No.....
Registered No.....
St.....
10333
Ward.....

2. FULL NAME

Minnie Popp

(a) Residence, No. 4260 West Pine 19
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Popp				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1880				
7. AGE	YEARS 55	MONTHS 9	DAYS 9	IF LESS than 1 day, hrs. or min. #
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon, Mo				
MOTHER	13. NAME Virginia Allen			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon, Mo			
	15. MAIDEN NAME Sarah			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magnolia, Mo			
17. INFORMANT Geo J Seibold				
18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral Cemetery DATE Dec 9 1935				
19. UNDERTAKER Wm M Schumacher (ADDRESS) 4834 Natural Bridge				
20. FILED DEC - 7 1935 19 Registrar J. Brebeck				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/18 1935 to 12/6 1935. I last saw her alive on 12/6 1935. Death is said to have occurred on the date stated above, at 12:30 pm. The principal cause of death and related causes of importance were as follows:
Luetic heart disease
Luetic ulcer of colon
Date of onset 34

Other contributory causes of importance:
Luetic ulcer of colon

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Geo J Seibold, M. D.
(Address) City - St. Louis

