

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

Do not use this space.

JUL 14 1936

24227

1. PLACE OF DEATH

County Missouri Registration District No. 1003
Township St. Louis Primary Registration District No. 5455, Queens ave
City St. Louis (No. 5455, Queens ave) St. 7 Ward.

File No. 5837
Registered No. 5837

2. FULL NAME

John M. Poepferling (John M. Poepferling)

(a) Residence, No. 5455 Queens ave, 7 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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.

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Poepferling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
59 15 5

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

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

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) St. Louis Mo.

13. NAME Wm. Poepferling

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Elizabeth Poepferling 5455 Queens ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 5 1936

19. UNDERTAKER (ADDRESS) John G. Genteman 5077 Burr and St

20. FILED JUN 4 1936 J. Bruback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 28 1935 to June 2 1936

I last saw him alive on June 8 1936 Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Other contributory causes of importance:
cholesterol unknown aortic atherosclerosis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1936

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) J. Bruback, M. D.
(Address) 517-26 Burr and 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.

