

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH 2003

16347

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **4208**  
 (c) City **St. Louis Mo.** (d) Street No. **5852 Pershing Ave.** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mae ~~Louise~~ Poppenhouse** 159

(a) Residence, No. **5852 Pershing Ave.** St. **5** (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Edward H. Poppenhouse**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10-4-1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56 7 3**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-wife**

9. Industry or business in which work was done, as 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) **Hanibal** 0  
 (STATE OR COUNTRY) **Mo.**

13. NAME **John Coontz** 0

14. BIRTHPLACE (CITY OR TOWN) **Hanibal** 0  
 (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Catherine Dec anter**

16. BIRTHPLACE (CITY OR TOWN) **Hanibal**  
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Edw. H. Poppenhouse**  
 (ADDRESS) **5852 Pershing Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Oak Grove Maus** DATE **May 9, 1938**

19. FUNERAL DIRECTOR **Alexander and Sons**  
 (ADDRESS) **6175 Delmar Blvd.**

20. FILED **J. D. Bredack**  
 (Address) **4903 Delmar**  
 Local Registrar.

MAY - 7 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/7 - 1938**

22. I HEREBY CERTIFY, That I attended deceased from

**June**, 19**36**, to **May 5**, 19**38**  
 I last saw h. **alive** on **May 5**, 19**38**. Death is said

to have occurred on the date stated above, at **8 a.** m.

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

**apoplexy**  
**J. H. Hale**  
 Date of onset

Other contributory causes of importance:

**arterio-sclerosis**

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? **No**

If so, specify.....

(Signed) **J. H. Hale**, M. D.(Address) **4903 Delmar**

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch Licensed Embalmer No. 2460

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jos. E. McCulloch  
Licensed Embalmer No. 2460

**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.)**