

34460

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

8998

Registration District No. \_\_\_\_\_

791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

1003

- (a) County \_\_\_\_\_
- (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
3911 Texas Ave.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)
- In this community 60 Years  
(years, months or days)

REGD NOV 13 1939

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_
- (c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")
- (d) Street No. 3911 Texas  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Christine Poppert 1/23

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Charles H. 6. (c) Age of husband or wife if alive 85 years7. Birth date of deceased November 6, 1858  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
80 11 14 hr. \_\_\_\_\_ min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Home11. Industry or business 612. Name Schmidt 713. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown 715. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward R. Stroh(b) Address 3543a Delor St.17. (a) Burial (b) Date thereof 10/23/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lakewood Park18. (a) Signature of funeral director Wacker-Heldale(b) Address 2331 S. Broadway19. (a) OCT 23 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1939 hour 10 minute \_\_\_\_\_ A.M.21. I hereby certify that I attended the deceased from 10-15-39  
1939, to 10-20, 1939  
that I last saw him alive on 10-20, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Apoplexy 3 days  
DurationDue to cerebral hemorrhage 1 dayDue to [Signature]Other conditions Brain Myocarditis 3 years  
(Include pregnancy within 3 months of death)Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. J. Mc Garry (M. D. or other) !  
Address 26028 Grand Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
P 1 X19511

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank J. Wyland Sr.  
Licensed Embalmer No. 2645  
P. O. Address St Louis Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**