

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.

1940
Registration District No. 201

Primary Registration District No.

1. PLACE OF DEATH: 1003
(a) County 3
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County
(c) City or town St. Louis. 2L
(If outside city or town limits, write "RURAL")
(d) Street No. 3125 No. Florissant.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Annie Poplow. 140
8. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 16th.
year 1939 hour 4⁰⁰ minute 2. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Poplow.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 15, 1939, Dec 16, 1939, that I last saw her alive on Dec 15, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 7 Days 19
If less than one day hr. min.

Immediate cause of death
Chronic Myocarditis 2 Months
Duration

9. Birthplace Switzerland.
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation At Home.

Major findings:
Of operations
Of autopsy

11. Industry or business 7

12. Name Dont Know Uhlrich 7
13. Birthplace Switzerland.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.
15. Birthplace Switzerland.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Poplow
(b) Address 1609 1/2 Arlington Ave

17. (a) Burial (b) Date thereof Dec 17
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. DEC 18 1939 (Date received local registrar)
(b) J. J. [Signature] (Number of signature)

PHYSICIAN
Underline the cause to which death should be charged statistically

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) (a) Means of injury

23. Signature Anthony G. Prekushak (M. D. or other) 142
Address 1525 d Cass Ave Date signed 12/16/39

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.