DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8892

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2375

1. PLACE OF DEATH:

(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: 5192 Vernon 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5192 Vernon Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 yrs. years.

3. (a) PRINT FULL NAME Dr. Morris Popper

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Popper

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February (Month) 11 (Day) 1869 (Year)

8. AGE: Years 71 Months -- Days 30 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Austria (State or foreign country)

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

16. (a) Informant's own signature Mrs. Pauline Popper
(b) Address 5192 Vernon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) MAR 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1940 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from March 10, 1940 to March 10, 1940
that I last saw him alive on March 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Arteriosclerosis — 5 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature M. E. Jones (M. D. or other)
Address 4500 Olive St Date signed March 10 1940

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 3-17-39 1 X19511

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address.....

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.