S. No. 2
M—5-42
5-17-20

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35960

State File No. .....

FILED NOV 10 1943

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 38

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. MAXVILLE MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GERHARD POEPPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LENA POEPPER

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased SEPT (Month) 22 (Day) 1856 (Year)

8. AGE: Years 87 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace NEAR MAXVILLE MO (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business "

FATHER
12. Name WILLIAM POEPPER
13. Birthplace 4 GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant LENA POEPPER

(b) Address KIMMSWICK

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 27 1943 (Month) (Day) (Year)

(c) Place: burial or cremation MAXVILLE CATHOLIC CEMETERY

18. (a) Signature of funeral director HEINGTAG FUNERAL HOME

(b) Address KIMMSWICK MO RR 2

19. (a) 10/26/43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24 year 1943 hour 4 00 P minute ..... M.

21. I hereby certify that I attended the deceased from Jan 15 1943, to 10 24 1943, that I last saw him alive on 10-24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to Thrombosis Femoral artery

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations G3d

Of autopsy

Duration

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 [signature] (M. D. or other) MD

Address Pinnacle Mo Date signed 10/25/43

1266 (Licensed Embalmer's Statement on Reverse Side)

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

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 Elmer A. Eligtag

Licensed Embalmer No. 3571

P. O. Address Kennewick Wash RR 2

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, fact should be so stated above.