S. No. 2
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5-17-49
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39187

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2503

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~Clayton~~ Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(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 Mo. (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5752 Roosevelt
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LARRY JOSEPH POEPPELMEIER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 24 (Day) 1942 (Year)

8. AGE: Years 1 Months 5 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Lawrence Poeppelmeier
13. Birthplace Gerald (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Josephine Cowan
15. Birthplace Gerald (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Lawrence Poeppelmeier
(b) Address 5752 Roosevelt
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 9 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Gerald Mo.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.
19. (a) NOV 10 1943 (Date received local registrar) (b) E. D. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 1943 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from Oct. 9, 1943 to Nov. 7, 1943 that I last saw him alive on Nov. 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal Meningitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Meningitis

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) None
(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
26. Signature Jerome [illegible] (M. D. or other)
Address 508 N. Grand Blvd Date signed 11/7/43

(Licensed Embalmer's Statement on Reverse Side)

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

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2/43

NOV 19 1948

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester Maplewood

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.