

FILED DEC 22 1943
818
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4500 Washington.
Good Samaritan Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 5 years.
Life. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME FLORA POPP.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife none. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 14, 1856.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87. 5. 26. hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

12. Name Frederick Popp.

13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs George Peters.

(b) Address 7905 Delmar Blvd.

17. (a) Burial. (b) Date thereof 12/11/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul, Cem.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) DEC 10 1943 (b) J.F. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
17
(c) City or town St. Louis. 9-12
(If outside city or town limits, write "RURAL")
(d) Street No. 4500 Washington Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 10th,
year 1943. hour 2:00 minute 2. M.

21. I hereby certify that I attended the deceased from Nov
16, 1943 to Dec. 10, 1943
that I last saw her alive on Dec. 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerotic heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 H.F. Bergman (M. D. or other) MD
Address 3720 Washington Date signed 12/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3720 Mackliff Ave
SE - 6204
Alto. 2 to 3 P.M.

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 Burdorf A. Miles
Licensed Embalmer No. 2901
P. O. Address Harwasty City - N

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.