FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 21231

Registrar's No. 6087

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4706a Arsenal St.
(If not in hospital or institution, write street number or location)

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

In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL") 11

(d) Street No.: 4706a Arsenal St. (If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Dr. Arnolf Popp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Sarah E. Popp

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: November (Month) 23 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 14 If less than one day hr. min.

9. Birthplace: Perryville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Dentist

11. Industry or business: Dentistry

FATHER
12. Name: Christopher Popp
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Eva Dietrich
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Sarah E. Popp
(b) Address: 4706a Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Beiderwieden F.H. Inc.
(b) Address: 1936 St. Louis Ave.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Broedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr. 27, 1948 to July 7, 1948 that I last saw him alive on July 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	7 Mos
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy

PHYSICIAN

Underline the cause of 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

23. Signature: R. V. Powell (M. D. ~~or other~~)
Address: 3720 Washington Date signed: 7-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Beaumont Medical Bldg.,
3720 Washington Avenue

11:15

3-30

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

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.