

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31294**
Registrar's No. **55**

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5920**

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frohna Mo.	c. LENGTH OF STAY (in this place) 67 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Frohna Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Laupa	b. (Middle) M.	c. (Last) Popp	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 14 1881
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME August Schroeter	13b. MOTHER'S MAIDEN NAME Mary Lueders	14. NAME OF HUSBAND OR WIFE Andrew Popp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Andrew Popp	ADDRESS Frohna Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, generalized		9 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis left side of body		DUE TO (c)	3 1/2 X 4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 4, 1940**, to **Aug 31, 1949**, that I last saw the deceased alive on **Aug 31, 1949**, and that death occurred at **7:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Theodore Fischer, M.D.	23b. ADDRESS Altewberg Mo	23c. DATE SIGNED 9/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 2 1949	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Frohna Mo.
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DATE REC'D BY LOCAL REG. Aug 5-1949	REGISTRAR'S SIGNATURE Joe J. Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons	ADDRESS Perryville Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

9-28-49

Health Officer No. 4

File Number 949-1281

Date Filed: _____

APR 4 1963

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed: Edward Hanning

Licensed Embalmer No. 2135

P. O. Address: Peruville mo

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.