

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2909

2984

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>36 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4452 Greer Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>10 4452 Greer Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>H.</u> c. (Last) <u>Popplewell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 7th, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 15th, 1865</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Live Stock Dealer</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>
13a. FATHER'S NAME <u>William Popplewell</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hustler</u>		14. NAME OF HUSBAND OR WIFE <u>Late Alice Popplewell nee Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Popplewell, 4452 Greer Avenue</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 mins</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>St. Louis</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>49</u> , to <u>Jan 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 6</u> , 19 <u>50</u> , and that death occurred at <u>8:00 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Donald E. Kilkenny M.D.</u>		23b. ADDRESS <u>3121 N. Grand St. Louis</u>		23c. DATE SIGNED <u>1/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Saint Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>		

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

Dec. 6900
10 to 12 + 2 to 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4225

P. O. Address St. Louis, 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.