

STANDARD CERTIFICATE OF DEATH

19164

State File No.

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>	c. LENGTH OF STAY (in this place) <u>4 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton, Mo.</u> <u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>George</u> c. (Last) <u>Poepelmeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 21, 1881</u>	9. AGE (in years last birthday) <u>71</u>	# UNDER 1 YEAR <u>3</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 YEAR Hours <u>1</u>	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Warren County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Simon Poepelmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Knapheide</u>		14. NAME OF HUSBAND OR WIFE <u>Eleanor Dreyer Poepelmeyer</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eleanor Poepelmeyer</u>		ADDRESS <u>Warrenton</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis & arteriosclerotic heart</u>		<u>2 yrs</u>
	DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Simon</u>	

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>Warrenton, Mo.</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 7-22, 1950, to 5-22, 1952, that I last saw the deceased alive on 5-22, 1952 and that death occurred at 12:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter H. ...</u>		23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>5-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warrenton City</u>	
		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>5-24</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Nieburg & Co.</u>		ADDRESS <u>Warrenton, Mo.</u>	
---	--	---	--	--	--	----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

1090
1

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John J. Hieburg

Signed.....

Student Embalmer

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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.