

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1957

STATE FILE NUMBER 15557

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 985

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Berkeley City 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. DOA		d. STREET ADDRESS (If outside, give location) 5600 Country Day Lane	
3. NAME OF DECEASED (Type or print) First Middle Last GROVER C POPPE			4. DATE OF DEATH Month Day Year April 14, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 27, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance-Country Day School		10b. KIND OF BUSINESS OR INDUSTRY Country Day School	11. BIRTHPLACE (City and state or country) Illinois
13. FATHER'S NAME Daniel T. Poppe		14. MOTHER'S MAIDEN NAME Anne Ehlers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 477-03-7296	17. INFORMANT Address Mrs. R.E. Cligeba Clinton, Iowa
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown natural causes  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.		7954	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 6:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dead or title) Herbert R. Domke, M.D., Local Registrar		22b. ADDRESS 651 S. Brentwood Blvd.	22c. DATE SIGNED 4/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4 / 15 / 57	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Clinton County, Iowa
24. FUNERAL DIRECTOR C. R. LUPTON & SONS 7233 Delmar		25. DATE RECD. BY LOCAL REG. 4-15-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke

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.....  
Signature of Student Embalmer

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
-If this body is not embalmed, fact should be so stated above.