

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JAN 22 1960**

**-60-003935**

MEMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 290** STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>               |  | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Masonic Hospital</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2842a Russell Blvd.</b> |
|  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                       |   |

3. NAME OF DECEASED (Type or print) First Middle Last **Olie M. Poupenny**

4. DATE OF DEATH Month Day Year **Jan. 10 1960**

|                          |                                  |   |                                      |                                     |                                |                              |
|--------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>Fe male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-9-1875</b> | 9. AGE (last birthday)<br><b>84</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|--------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Famous Barr Co.</b> | 11. BIRTHPLACE (City and state or country)<br><b>Olney, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
|---|---|--|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>O. C. Palmetier</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Ella Shelby</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Joseph P. Poupenny</b> |
|--|---|--|

|   |   |  |
|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>496-22-6091</b> | 17. INFORMANT Address<br><b>Elise M. Springer 6701 Leona St. Louis, Mo</b> |
|---|---|--|

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:

|  |  |
|--|--|
| IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 mo.</b> |
| DUE TO (b) <b>Cerebral Arteriosclerosis</b>  | <b>Unknown</b>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |
| DUE TO (c) <b>332x</b>   |  |

|   |   |
|---|---|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|---|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.

|  |  |   |
|--|--|---|
| 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 **10-15-55** to **1-10-60** and last saw her/him alive on **1-9-60**  
 Death occurred at **1-10-60 3:55 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                    |
|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Harold E. Walters M.D.</b> | 22b. ADDRESS<br><b>3720 Washington St. Louis</b> | 22c. DATE SIGNED<br><b>1-10-60</b> |
|---|--|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>1-13-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Haven Hill Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Olney, Illinois Mo.</b> |
|---|-----------------------------|--|---|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Witt Bro. Funeral Home 2929 S. Jefferson</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 11 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Harold Smith, M.D.</b> |
|---|--|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*mde*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Gam Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.