

ORIGINAL

CITY OF ST. LOUIS.  
Health Department  
CERTIFICATE OF DEATH

No. of Certificate 5259

Physicians are requested to conform with the International Classification of Diseases, as adopted by the U. S. Census Office. See complete copy in back of this book.

Full Name Wm. Popp Place of Death INSANE ASYLUM  
Address: No. 2817 Nebraska Ave. Street. 1 Sanitary District

## UNDERTAKER'S REPORT OF DEATH.

SEX Male COLOR White  
AGE 32 Years \_\_\_\_\_ Months \_\_\_\_\_ Days

SINGLE, MARRIED,  
WIDOWED OR DIVORCEDMarriedBIRTHPLACE  
(State or Country)St. Louis

NAME OF FATHER

W. Popp.BIRTHPLACE OF FATHER  
(State or Country)GermanyMAIDEN NAME  
OF MOTHERJosaphine Schully.BIRTHPLACE OF MOTHER  
(State or Country)Germany

OCCUPATION

Ball PlayerCalvary

Cemetery.

W. Winghamer Undertaker.

Burial Permit Filed

SEP -6 1905 190

OFFICE OF HEALTH DEPARTMENT.

I CERTIFY, That I have examined the above Certificate and find it to accord with the requirements of the Charter and Ordinances of the City of St. Louis; and therefore, permission is hereby given to inter the body of the person therein named in \_\_\_\_\_ Cemetery.

Mortuary Clerk.

Clerk Health Commissioner.

Health Commissioner.

## PHYSICIAN'S CERTIFICATE OF DEATH

(To be signed by physician last in attendance on deceased.)

Date of Death Sept 5 1905  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from Sept 2 1905  
to Sept 9 1905 that I last saw him alive on Sept 5  
1905 and that death occurred, on the date stated above, at 4 25 p. m. The

CAUSE OF DEATH was as follows:

Crementia Paralytica DURATION 1137 DAYS

Contributory \_\_\_\_\_ DURATION \_\_\_\_\_ DAYS

(Signed) Geo. A. Johns M. D.

Sept 5 1905 Address City Insane Asylum

SPECIAL INFORMATION only for hospitals, institutions, transients or recent residents.

Former or Usual Residence 2817 Nebraska Ave. How long at Place of Death 1137 Days

Where was disease contracted, if not at place of death, where?

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