MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
15235

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. Barnes Hosp. St. ..... Ward)

File No. ~~14068~~
Registered No. 4163

2. FULL NAME Anton Opperman

(a) Residence. No. 2601 S Kingshighway St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carnelia V. Trugillo

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-14-1854

7. AGE: 63 YEARS, 10 MONTHS, 0 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Conrad Opperman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hanover
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Marie Longmeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: anthony Opperman
(Address) 2601 So. Kingshighway

15. FILED APR 16 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-13, 1928, to 4-14, 1928, that I last saw him alive on 4-14, 1928, and that death occurred, on the date stated above, at 2 33 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Sclerosis, general
Arterial Sclerotic heart
disease
Cardiac Decompensation
93C (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 95B
97 (duration) yrs. mos. ds.
908

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G E Nesche, M. D
, 19 (Address) Barnes

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bl New St Marcus Cem.
DATE OF BURIAL: apr 17 1928

20. UNDERTAKER: Paul C Calcaterra
ADDRESS: 1921 Cooper St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.