

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

Do not use this space.

12484

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis (No. City Hosp)

File No.....

3799

Registered No.....

St..... Ward.....

2. FULL NAME

(a) Residence No. 1917 2010th St., 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Fredenika Oppermann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 9 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of St Louis

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 11
(STATE OR COUNTRY)

14. Hospital information INFORMANT Grace Kopp
(Address) City Hospital

15. FILED 1931 REGISTRAR W.C. Haver

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 25th 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 22nd 1931 to Mar. 25th 1931, and that I last saw him alive on Mar. 25th 1931, and that death occurred, on the date stated above, at 7:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic myocarditis
130 Chronic nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? refused

WHAT TEST CONFIRMED DIAGNOSIS Chemical test

(Signed) Oppermann, M. D.

3/26, 1931 (Address) City Hosp

*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

Old St Marcus

DATE OF BURIAL

Mar. 28 1931

20. UNDERTAKER

Whick Bros

ADDRESS

3201 S. Grand

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Cypherman