

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

Do not use this space.

22059

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis 700** (No. **2302**, **Shewardosh** St. Ward)

File No. **5813**
Registered No.
St. Ward)

2. FULL NAME

George J. Opel
(a) Residence, No. **2302 Shewardosh St.**, **23** Ward. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7/1887		
7. AGE YEARS 47	MONTHS 3	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

13. NAME **John Opel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Frank now**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFIRMARY (ADDRESS) **Henry W. Bisselhaupt 2302 Shewardosh**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Edwardsville** DATE **June 12, 1934**

19. UNDERTAKER (ADDRESS) **Ziegenhain Bros 1212 1/2 Cherokee St**

20. FILED **17 1934** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 11, 1934**, to **June 11, 1934**.
I last saw him alive on **May 19, 1934**. Death is said to have occurred on the date stated above, at **10:11 a.m.**

The principal cause of death and related causes of importance were as follows:
Carcinoma Rectum Date of onset **15 yrs**
46

Other contributory causes of importance:
Cabins
of liver

Name of operation **Recto sigmoidectomy** Date of **June 11, 1934**
What test confirmed diagnosis? **Laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **J. H. Hill** M.D.
(Address) **2102 S. Grand Blvd**

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.

1
162

