

FEB 12 1938

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

499
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Deaconess Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Christian Fred Opal 140**

(a) Residence, No. St. **NR** **Worden, Illinois**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Emma Opal**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 8th, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **Dec. 1, 1937**
11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) **Madison County, Illinois** (STATE OR COUNTRY)

13. NAME **Chris Opal**

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

15. MAIDEN NAME **Johanna Mehl**

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

17. INFORMANT **Mrs Emma Opal** (ADDRESS) **Worden, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Worden, Illinois** DATE **January 12, 1938**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **1938** **St. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 10th, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Dec. 12, 1937, to Jan. 10, 1938**

I last saw him alive on **Jan. 10, 1938** at **9:15 P.M.** Death is said to have occurred on the date stated above, at **2:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Embolus in lung
Post-operative non-purulent

Date of onset **1-10-38**

Other contributory causes of importance: **1st and 2nd bags prostate non-malignant**

Name of operation **2nd Stage Prostatectomy** Date of **1-2-38**

What test confirmed diagnosis? **Examination of tissues at autopsy** No. **6**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **No** 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..... **(RICKRELL)**

(Signed) **Clarence R. Rickrell, M. D.**
(Address) **653 Century Bldg.**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Albert H. Hoppe*

Licensed Embalmer No. *11861*

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.)