

SEP 6 1939

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

28091  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson 2 Registration District No. 395  
 (b) Township Hawley 1 Primary Registration District No. 1007 Registered No. 3093  
 (c) City Hans City or Hans City (d) Street No. 229 Ward Parkway 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 Etta Oppenheimer Nathan  
 (a) Residence, No. 229 Ward Parkway St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1871  
 7. AGE YEARS 67 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois  
 FATHER 13. NAME Abram Oppenheimer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 MOTHER 15. MAIDEN NAME Rachel Ash  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 17. INFORMANT (ADDRESS) Michael Oppenheimer, 3727 Holmes St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation: New corner DATE aug 3, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Bondson, 3024 Trost  
 20. FILED 83 19 39 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. Jan. 25, 1939, to 8-1, 1939  
 I last saw her alive on about July 20, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma sigmoid  
Colo. #6  
It was treated in Calif. Angeles  
 Other contributory causes of importance:  
Carcinoma liver, Peritonitis  
secondary  
 Name of operation Resection sigmoid Date of Dec 1st, 1938  
 What test confirmed diagnosis? fructus Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L 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 L  
 Nature of injury L  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify  
 (Signed) C. Robert, M. D.  
 (Address) Prof Bldg. H. C. 200

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by yes  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*E. P. Casey*

Licensed Embalmer No. 1972

P. O. Address 3024 Proact R. C.

**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.)**

**If this body is not embalmed, above space should be left blank.**