

No. 2
-1-441
5-17-39
I X2839

JAN 24 1942 791
Registration District No. 791

1003
Primary Registration District No. 1003

Registrar's No. 9614

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2137 E. Warne Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 19 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2137 E. Warne Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William A. Opfermann

3. (b) If veteran, name war None

3. (c) Social Security No. 492-01-2170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
year 1941 hour 4:20 AM minute _____ M.

4. Sex Male 5. Color or race White

6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Lesetta E. Opfermann nee Flachmaler (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 27, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6 1940 to Dec 2 1941
that I last saw him alive on Dec 2 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 1 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

9. Birthplace Hookdale Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Commission Business

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Opfermann

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Zueira Mueller

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lesetta E Opfermann

(b) Address 2137 E. Warne Ave

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 12/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

While at work? _____ (Specify type of place) Means of injury _____

23. Signature J. T. Dredzek (M. D. or other) _____

Address 4005 W. Florissant Date signed 12-3-41

19. (a) DEC 4 1941 (b) J. T. Dredzek
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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, fact should be so stated above.