

12896

19884

S. No. 2
M-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 29 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5277

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community.....? (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7 000
17

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

(d) Street No. 5667 Hiller Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine E. Opfer

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Leslie F. Opfer

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December 17, 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>6</u>	<u>1</u>	hr. min.

9. Birthplace Forest City, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name John McKinney

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth (Unknown)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie F. Opfer,
(b) Address 5667 Hiller Ave.

17. (a) Burial. (b) Date thereof June 20, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Wm. H. Schumacher

(b) Address 4834 Natural Bridge

19. (a) JUN 19 1942 (Date received local registrar)
J. F. Prudek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18,
year 1942 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 18, 1942
that I last saw her alive on June 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis

Due to CC

Due to CC

Other conditions Carcinoma of Cervix
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?.....

While at work..... (Specify type of place)
"r" Means of injury.....

23. Signature W. J. Prudek M.D. (My Deponent)
Address 1515 Lafayette Avenue. Date signed 6/18/42

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

100
17
9

848 (Licensed Embalmer's Statement on Reverse Side)

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melina*.....

Licensed Embalmer No. *4186*.....

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.