

FILED APR 26 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3556**

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: Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From March 30, April 15, 1944
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3928 Itaska Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Opitz

3. (b) If veteran, name war _____ **3. (c) Social Security** No. 494-10-0201

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Veronica **6. (c) Age of husband or wife if alive** 50 years

7. Birth date of deceased August 31 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Brewer

11. Industry or business _____

MOTHER FATHER

12. Name Michael Opitz

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

14. Maiden name Elizabeth Opitz

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

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

17. (a) Burial _____ **(b) Date thereof** April 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher and Co.
(b) Address 3013 Meramec St.

19. (a) APR 18 1944 J. F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 3:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 30, 1944 to April 15, 1944
that I last saw him alive on April 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis
Duration Swedish

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy diffuse infiltration of lungs

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 _____

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) (e) Means of injury _____

23. Signature Harold J. Coulter (M. D. or other) M.D.
Address 5600 Arsenal St. **Date signed** 4-15-44

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.