

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4234

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

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:
Alexian Bros Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days.
(Specify whether
In this community.....
years, months or days)

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. 2648 Osage St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Michael Oppermann,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex: Male, 5. Color or race: White, 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Barbara, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: May 9 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 29 hr. min.

9. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Conductor,

11. Industry or business: Retired 35 Years,

MOTHER FATHER {
12. Name: Don't Know,
13. Birthplace: Don't Know, 9
(City, town, or county) (State or foreign country)
14. Maiden name: Don't Know,
15. Birthplace: Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Michael Oppermann, Jr.,

(b) Address: 3529 Bingham Ave.,

17. (a) Burial, (b) Date thereof: 5/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SS Peter & Paul Cem.

18. (a) Signature of funeral director: Hellen Benz Mortuary,

(b) Address: 2842 Meramec St.

19. (a) MAY 9 (b) J. J. Burdock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1944 hour 6: minute 35 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture right hip which occurred suffered when deceased fell down from steps leading to basement of house at pass 3400 Grand Blvd. April 20 1944 about 11:30 AM.
Due to.....

Other conditions: 186 38
(Include pregnancy within 3 months of death)

Major findings: 38
Of operations.....
Of autopsy.....

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): Accident 000

(b) Date of occurrence: April 29 1944

(c) Where did injury occur?: at home
(City or town) (County) (State)

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

While at work..... (Specify type of place)
Means of injury: fall.

23. Signature: Alfred J. Perry (M. D. or other)
Address: Deputy Coroner Date signed: 5/14/44

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

Signed

Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
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.