S. No. 2
4—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27289

FILED SEP 12 1944

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 889

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1213 No 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 No. 10th
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Henry Oppliger
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 Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 12 (Day) 1867 (Year)
8. AGE: Years 77 Months 4 Days 24 If less than one day hr. min.
9. Birthplace Homes Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Presser Retired
11. Industry or business 10 to 12 yrs
MOTHER FATHER
12. Name Ulrich Oppliger
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Catherine Itoehn
15. Birthplace Prussia (City, town, or county) (State or foreign country)
16. (a) Informant J. C. Oppliger
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bowen Cem.
18. (a) Signature of funeral director Fleemon & Son Inc
(b) Address St Joseph, Mo.
19. (a) 9/8/44 (Date received local registrar) (b) Ellen J. Picker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1944 hour 3 minute 30 P. M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on Sept 6-th, 1944 to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Obstruction	1 day
Due to: Chronic Angina Pectoris	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Man died suddenly while up and around the Nursing home at 1012 North 10th st. following	
Major findings of operation:	
Of autopsy: Numerous atheroma acute no. congestion and plaque in his left chest	

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) N/A
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. Munday (M. D. or Coroner)
Address 404 So 3d st Date signed 9/6/44

1377

(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~~ .....

..... ~~Registered~~ Apprentice No. .....,

working under my personal supervision.

Signed Robert H Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.