

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37280**

5. No. 300
v. 10. 48

FILED OCT 29 1952

4000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2718	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff. Brks		c. LENGTH OF STAY (In this place) 19 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff. Brks		4880	
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 Gark				d. STREET ADDRESS (If rural, give location) 301 Gark			
3. NAME OF DECEASED (Type or Print) a. (First) Opal b. (Middle) Middeke c. (Last) Middeke			4. DATE OF DEATH (Month) (Day) (Year) 10 19 52				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4/5/25		9. AGE (In years last birthday) 27 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 WKS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Dedeke		13b. MOTHER'S MAIDEN NAME Lydia Neidel		14. NAME OF HUSBAND OR WIFE Earl Middeke 301 Gark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488 28 6865		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Middeke 301 Gark Jeff Brks.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of the head, suffered in her home at 301 Gark, in Jefferson Barracks, using a 9 shot 22 cal. revolver. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 301 Gark, in Jefferson Barracks, using a 9 shot 22 cal. revolver. DUE TO (c) Body found by her husband, Earl J. on floor of her bedroom. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 976X					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Brks St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/19/52 12:50 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. J. Willmann, Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 10/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 10-22-52	24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL REG. 10/21/52		REGISTRAR'S SIGNATURE Hebert R. Goube - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher Und. Co. 3013 Megamec			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

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.