

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25887

State File No. ....

FILED AUG 9 - 1954

BIRTH NO. .... REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u> <u>0951</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>60 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>371 JEFFERSON ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>371 JEFFERSON ST</u>		d. STREET ADDRESS (If rural, give location) <u>371 JEFFERSON ST</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>JOSEPH</u>	c. (Last) <u>OPERLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 1 1954</u>
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5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>DEC 1 1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CASHIER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BANK.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FARMINGTON MO 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRED OPERLE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FLEIG</u>	14. NAME OF HUSBAND OR WIFE <u>ESTELLA NAUMANN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>488-03-5896</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Estella Operle Wd. Genevieve Mo</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>8 yrs</u> <u>8 yrs</u> <u>8 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Cerebral Sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 1927 to Aug 1 1954, that I last saw the deceased alive on Aug 1 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Estella Operle</u>	(Degree or title)	23b. ADDRESS <u>St Genevieve Mo</u>	23c. DATE SIGNED <u>Aug 3 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>AUG. 4 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 3, 1954</u>	REGISTRAR'S SIGNATURE <u>Luille Basler</u>	481	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hess C. Basler</u>	ADDRESS <u>St. Genevieve Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1957

AUG 10 1957

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 *Adrian J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genevieve, 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.