

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2931

State File No.

1023

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|--|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>3</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2139 4924 Odell Ave. St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) CORINNE | | a. (First) | | b. (Middle) <u>M.</u> | | c. (Last) <u>OPP</u> | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1. 1955</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | | 8. DATE OF BIRTH <u>Jan. 8, 1886</u> | |
| | | | | | | 9. AGE (In years last birthday) <u>69</u> | |
| | | | | | | IF UNDER 1 YEAR Months Days | |
| | | | | | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Frank Vincent</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Eugenia Beckelor</u> | | 14. NAME OF HUSBAND OR WIFE <u>Late Norphie W. Opp</u> | |
| 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jack Doerr 4924 Odell Ave.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure due to Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1/14/55</u> <u>9/2/54x</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | | |
| 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? <u>4200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 2, 1954</u> , to <u>Feb. 1, 1955</u> , that I last saw the deceased alive on <u>Feb. 1, 1955</u> , and that death occurred at <u>8:05p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Anna Heyman</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>5100 Arsenal St.</u> | | 23c. DATE SIGNED <u>2/2/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Feb. 5, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 3 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u> | | | |

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stoverand

Licensed Embalmer No. 4007

P. O. Address _____

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.