

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

270688

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1788Health,  
Welfare  
Public  
Service300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE-ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryland Hgts</u>		c. CITY OR TOWN <u>Maryland Hgts</u>		d. STREET ADDRESS <u>McKelvey &amp; Dorsett</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Length of stay in lb HOSPITAL OR INSTITUTION <u>McKelvey &amp; Dorsett lyr</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Veronica Opsal</u>				4. DATE OF DEATH <u>July 15 1957</u>			
First <u>Veronica</u> Middle <u>Opsal</u> Last <u>Opsal</u>				Month <u>July</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 4 1881</u>	
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Dane Co Wisconsin</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Theodore Nettekoven</u>				14. MOTHER'S MAIDEN NAME <u>Sophia</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Bert L Opsal Maryland Hgts Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary edema with congested heart</u> DUE TO (b) <u>Spiculae, Complication &amp; due to Ca</u> DUE TO (c) <u>Metastatic carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>1999</u>							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>10 AM</u> Month, Day, Year <u>July 15 1957</u> a. m. <u>10 AM</u> p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 12 1957</u> to <u>July 14 1957</u> and last saw her alive on <u>July 14 1957</u> Death occurred at <u>July 15 1957 10 AM</u> in <u>the place stated above</u> , and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B. N. Mueller</u> (Print name or title)				22b. ADDRESS <u>917 Airport Rd</u>		22c. DATE SIGNED <u>7/15/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>7/18/57</u>		<u>Sacred Heart</u>		<u>Florissant Mo</u>	
24. FUNERAL DIRECTOR <u>Ortmann F Home</u> ADDRESS <u>9222 Lackland</u>			25. DATE RECD. BY LOCAL REG. <u>7/16/57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombek</u>		

Overland, Mo. Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed..... *Al C. Titmann*.....

Licensed Embalmer No. *347*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.