

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037769

EILED VS NOV 3 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9650**

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>525 Dover</i>		d. STREET ADDRESS (If outside, give location) <i>525 Dover</i>	
3. NAME OF DECEASED (Type or print) First <i>OLGA</i> Middle <i>K.</i> Last <i>KNOPPER</i>		4. DATE OF DEATH Month <i>Oct</i> Day <i>19</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-27-1901</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pub. School Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St Louis, Mo</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13. FATHER'S NAME <i>Geo Knopper</i>	
14. MOTHER'S MAIDEN NAME <i>Christina Ulrich</i>		15. NAME OF HUSBAND OR WIFE <i>ANNA META ULRICH</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. SOCIAL SECURITY NO. <i>—</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i> DUE TO (b) <i>Carcinoma of Breast - Left</i> DUE TO (c) <i>170x</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ s.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 <i>4/29/59</i> to <i>10/19/59</i> and last saw her/him alive on <i>10-10-59</i> . Death occurred at <i>5:45 a.m.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>C. F. Fendler Jr.</i> (Design or title)	
22b. ADDRESS <i>5203 Chapparras</i>		22c. DATE SIGNED <i>10/21/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10/22/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Mausoleum</i>	23d. LOCATION (City, town, or county) (State) <i>Lemay Mo</i>
24. FUNERAL DIRECTOR <i>JOS. F. FENDLER JR. 7128 MICHIGAN</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 21 1959</i>	
26. REGISTRAR'S SIGNATURE <i>Karl Smith, M.D.</i>		27. <i>1975</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Clarence A. Scho

Licensed Embalmer No. 3093

P. O. Address 7128 Mc

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.