OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042577

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10728 STATE FILE NUMBER

FILED NOV 28 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: lifetime

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3012 Iowa Ave. — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 3012 Iowa Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First IDA Middle Last JOPPICH

4. DATE OF DEATH: Month November Day 17, Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/13/1886

9. AGE (last birthday): 75 years

IF UNDER 1 YEAR: Months 7 Days 3 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Tobias Moehrle

13b. MOTHER'S MAIDEN NAME: Augusta Strebig

14. NAME OF HUSBAND OR WIFE: Otto Joppich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

17. INFORMANT: Lydia Ouhrabka — Address: 3012 Iowa Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Adenocarcinoma of ovaries — INTERVAL BETWEEN ONSET AND DEATH: 6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 175.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10-20-61, to Nov. 17, 1961 and last saw her alive on 11-17-61

Death occurred at 1:30 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O S Jones MD

22b. ADDRESS: 3616 S. Broadway – ST. LOUIS

22c. DATE SIGNED: 11-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Nov. 20, 1961

23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Gebken Sons — ADDRESS: 2630 Gravois Ave.

25. DATE RECD. BY LOCAL REG.: NOV 18 1961

26. REGISTRAR'S SIGNATURE: Carl Smith. M.D.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Van M. Sigemore

Licensed Embalmer No. 4343

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.