MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42495

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11634

City St Louis (No. City Hospital St. ..... Ward)

#15976

2. FULL NAME James Openlander

(a) Residence, No. 11a No. 6th St., 25 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Openlander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2-1886

7. AGE: Years 46 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 1 72

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo. 1

FATHER

13. NAME: Edw. Openlander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa. 2

MOTHER

15. MAIDEN NAME: Mary Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo. 1

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 29th 1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Wash ave

20. FILED DEC 28 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1932 to Dec. 27th 1932

I last saw him alive on Dec. 27th 1932 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Aug 1932

92 A (Far advanced)

Other contributory causes of importance: 23

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J J Rodgers, M. D.

(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

U. S. NO. 2

Walsh