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.

APR 25 1934

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

Do not use this space.

7255

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7255

Township ..... Primary Registration District No. 1003 Registered No. 2141

City St Louis Mo (No. 3442 S Grand St. ..... Ward)

2. FULL NAME Andrew J. Opp

(a) Residence, No. 3442 S Grand St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ellen Opp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25-1854

7. AGE YEARS 79 MONTHS 3 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinckneyville Ill

FATHER

13. NAME Jacob Opp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Olive O'Donnell 3442 S Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Park DATE 3/2/34 19

19. UNDERTAKER (ADDRESS) John L Zuzinhem & Sons 7027 Gravois Av

20. FILED ..... 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934, 19 33, to Feb 27, 19 34

I last saw him alive on Feb 27, 19 34 Death is said to have occurred on the date stated above, at 4 45 P.M.

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

Chronic Myocarditis — Date of onset Jan 7/1934

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical Exam Was there an autopsy? no

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) Paul R. Kongelmant, M. D.

(Address) 3507 Potomac Go