

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33899

Registration District No. 791 Primary Registration District No. Registrar's No. 8437

1. PLACE OF DEATH: 1003
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Ruth Opp 100
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Herbert Opp
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 2 1871

8. AGE: Years 58 Months 2 Days 0
If less than one day hr. min.

9. Birthplace Cutler, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Andrew Soper
13. Birthplace Cutler, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Ella S. Barger
15. Birthplace Cutler, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Leon Moffat
(b) Address Sparta Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Percy Ill

18. (a) Signature of funeral director J. B. Baedech
(b) Address Sparta Ill

19. (a) J. B. Baedech (b) J. B. Baedech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2
(a) State Illinois (b) County Randolph
(c) City or town Percy (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1939 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from Oct 1 1939, to Oct 2 1939
that I last saw her alive on Oct 2 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Failure
Due to Rheumatic Heart Disease
Duration 2 wks

Other conditions
Major findings: AP
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature K. K. Stomgum (M. D. or other)
Address BARNES HOSPITAL Date signed 10/2/39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No.....

3880

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 this body is not embalmed, above space should be left blank.