

STANDARD CERTIFICATE OF DEATH
1003

20593

State File No.

5541

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmary.
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution May 16, 1940.
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Opel8. (b) If veteran,
name warNone8. (c) Social Security
No.None4. Sex Male5. Color or
raceWhite6. (a) Single, widowed, married,
divorcedWidower

6. (b) Name of husband or wife

Sophia Schlueter.6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

September 16, 1850

(Month)

(Day)

(Year)

8. AGE:

Years

89

Months

8

Days

10

If less than one day

hr.

min.

9. Birthplace

St. Louis, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

No Occupation.

11. Industry or business

X

12. Name

John Opel

13. Birthplace

Unknown

14. Maiden name

(Catherine) Beck

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

E. Maloney

(b) Address

5800 Arsenal St.17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 6/29/40
(Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery18. (a) Signature of funeral director Kraeger-Voss-Fix, I(b) Address 3402 N. Kingshighway19. (a) JUN 26 1940
(Date recorded locally)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal St.
 (If rural, give location) 13
 (e) If foreign born, how long in U. S. A. American years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26,
 year 1940 hour 1:00 minute _____ P. _____ M.
 21. I hereby certify that I attended the deceased from May 16,
16, 1940, to June 26, 1940
 that I last saw him alive on June 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage.

Due to

Arteriosclerosis, general.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

None.

Of autopsy

None.

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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?

C. While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

Jerry T. Maloney (M. D. or other)
5800 Arsenal St. Date signed 6-27-40

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 Guy W. Wilkinon
Licensed Embalmer No. 2575

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.