No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32875
8664

Registration District No. 3 19
Primary Registration District No. 1003
Registrar's No.

1. PLACE OF DEATH:

(a) County
(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: St Louis City Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7 5458a Shreve 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Annie Opfer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 20 (Day) 1883 (Year)

8. AGE: Years 63 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Scotland (City, town, or county) 4 (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Alexander Henderson
13. Birthplace Scotland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Phebe Cornor 1
15. Birthplace Scotland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Georgette Opfer 1
(b) Address 5458a Shreve Avenue,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Zion Cemetery
18. (a) Signature of funeral director Sullivan Brother,
(b) Address 2849 North Euclid Avenue,
19. (a) SEP 15 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9/4, 1947, to 9/13, 1947
that I last saw her alive on 9/13, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis Bilateral	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Pulmonary Tbc Far Advanced	

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury 0

23. Signature Roger W Clapp M.D. (M. D. or other)
Address 1515 Lafayette Date signed 9/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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, fact should be so stated above.