

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14630**  
Registrar's No. **3320**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>PAGEDALE</b>		4291	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1214 GRUNER PLACE</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MERWIN</b>		b. (Middle) <b>LEO</b>		c. (Last) <b>OPENLANDER</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 8, 1952</b>	
8. DATE OF BIRTH <b>FEB, 24, 1901</b>		9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 YEAR Hours _____ Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL BUS</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES OPENLANDER</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA OPENLANDER</b>		14. NAME OF HUSBAND OR WIFE <b>EDITH OPENLANDER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>494-01-1015</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDITH OPENLANDER 1214 GRUNER PLACE</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary spasms</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>3 days</u> <u>8 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H201</b>			
22. I hereby certify that I attended the deceased from <u>April 4, 1952</u> to <u>April 7, 1952</u> , that I last saw the deceased alive on <u>April 7, 1952</u> , and that death occurred at <u>1:19 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>4950 Maryland</u>		23c. DATE SIGNED <u>4/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-11-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>AUREL HILL GARDENS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS GARDEN'S</b>	
DATE REC'D BY LOCAL REG. <b>APR 9 1952</b>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

*Albert Magfield*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*3077*

P. O. Address.....

*St. Louis, Mo.*

**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.