

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. **33819**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9238**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 60 yr		d. STREET ADDRESS (If rural, give location) 4479 Washington Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARTHA c. (Last) OPITZ		4. DATE OF DEATH (Month) (Day) (Year) September 22, 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Sept. 20, 1893
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (City and State or Foreign Country) Grands Rapids, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Karl Opitz		13b. MOTHER'S MAIDEN NAME Frieda	
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -	
16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Rev. Wm. Opitz	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS Ludington, Michigan	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS	
ANTECEDENT CAUSES		DUE TO (b) CARCINOMA BREAST	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		16 YEARS	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 170X.			
22. I hereby certify that I attended the deceased from 14 SEPT, 1953 , to 22 SEPT, 1953 , that I last saw the deceased alive on 22 SEPT, 1953 , and that death occurred at 9:50 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl W. Lammie M.D.		23b. ADDRESS 4119 2nd Paulin St. Louis Mo.	
23c. DATE SIGNED 9/23/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-25-53	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. SEP 25 1953		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H.	
REGISTRAR'S SIGNATURE Carl Smith MD		ADDRESS 1936 St. Louis Avenue	

(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 _____

Student Embalmer No. None

working under my personal supervision.

Student None
Student Embalmer

Signed Deliv J. Krupin

Licensed Embalmer No. 349

P. O. Address St. Louis

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.