

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 16 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2061

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton

c. LENGTH OF STAY (In this place) DOA

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Castlewood #750

d. STREET ADDRESS (If rural, give location) Kiefer Creek Road

3. NAME OF DECEASED (Type or Print)

a. (First) Fred b. (Middle) Oppermann c. (Last) Oppermann

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 24, 1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 3, 18905

9. AGE (In years last birthday) 64

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 2 MRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Oppermann

13b. MOTHER'S MAIDEN NAME Wm. Pachus

14. NAME OF HUSBAND OR WIFE Oppermann Clara Bakemeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Oppermann, Ballwin, Mo. ADDRESS R1

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal crushing traumatic

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.

DUE TO (b) injury most probably within the thoracic cavity (chest)

DUE TO (c) thoracic cavity (chest)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Castlewood Cliff

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Castlewood #403 Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 24, 1954 10:00 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Tree falling on deceased while cutting down timber.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Emad J. Willmann, Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 8/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/27/54

24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery, Ellisville, Mo.

DATE REC'D BY LOCAL REG. 9/17/54 REGISTRAR'S SIGNATURE Hebert S. Amick FUNERAL DIRECTOR'S SIGNATURE Schrader Fun'l Home, Ballwin, Mo. ADDRESS Schrader Fun'l Home, Ballwin, Mo.

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin, 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.