

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24183

State File No.

FILED AUG 2 - 1955

318

1003

Registrar's No. 6033

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. 6033	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS Mo</u>)		c. LENGTH OF STAY (in this place) <u>13 YRS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? <u>2169</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE SISTERS POOR</u>				STREET ADDRESS (If rural, give location) <u>16 36 905 GRAND AND LITTLE SISTER POOR - CHEROKEE</u>			
3. NAME OF DECEASED (Type or Print) <u>BERNADINE OPPERMANN</u>			b. (Middle) _____			c. (Last) _____	
4. DATE OF DEATH <u>JULY 11 1955</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, <u>NEVER MARRIED</u> WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>MAR. 23 1870</u>		9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>GEORGE OPPERMANN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANCES SCHAEFER</u> ADDRESS <u>3837 FOLSOM</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBROVASCULAR ACCIDENT</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) _____ 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>77 1/2</u> years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____ (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>				22. I hereby certify that I attended the deceased from <u>1953, 19</u> to <u>July</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 8, 1955</u> , and that death occurred at <u>10:45 AM.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Walter Reynolds</u> (Degree or title) _____				23b. ADDRESS <u>405 Mounty Clear</u>		23c. DATE SIGNED <u>7/12/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 13 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>		24d. LOCATION (City, town, or county) <u>ST. LOUIS Mo</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>JUL 13 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutes</u> ADDRESS <u>2906 Lewis</u>			

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4349

P. O. Address 2906 Fra

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.