

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3292

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. #17

| | | | | | | | |
|--|----------------------------------|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>RIVER AUX VASES</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STAR ROUTE 1</u> | | | Length of stay in 1b <u>LIFE</u> | d. STREET ADDRESS <u>STAR ROUTE 1</u> | | | (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>MARY</u> Last <u>OPERLE</u> | | | | 4. DATE OF DEATH Month <u>JAN</u> Day <u>31</u> Year <u>1957</u> | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>OCT 24 1872</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>RIVER AUX VASES MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>JOSEPH STUETZ</u> | | | | 14. MOTHER'S MAIDEN NAME <u>BARBARA KIEFER</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT Address <u>Mrs. Vornhosen Ste. Genevieve Mo</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-Sclerosis</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 YRS</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | DUE TO (b) _____ DUE TO (c) _____ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>I</u> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from <u>1928</u> to <u>Jan. 31</u> and last saw her alive on <u>Jan 30/1957</u> Death occurred at <u>4:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Arthur E. Barker M.D.</u> | | | | 22b. ADDRESS <u>Ste. Genevieve Mo</u> | | 22c. DATE SIGNED <u>2-2-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) | | (State) |
| <u>Burial</u> | <u>FEB 2 1957</u> | <u>VALLE SPRING</u> | | <u>STE. GENEVIEVE</u> | | <u>MO</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Sec 6 Barker Ste. Genevieve Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Feb. 2, 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Arthur E. Barker</u> | |

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. *Adrian J. Fella*.....

Licensed Embalmer No. *479*

P. O. Address *St. Ignace*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.