

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31994

File No. 9023
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City of St. Louis)

2. FULL NAME

And Hamfelder
(a) Residence. No. 4200 Lee St. 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 | 1 | 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. City Stoner
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Ed Hamfelder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Low

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Max C. [unclear]

15. FILED _____ 1927 Max C. [unclear] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1927

17. I HEREBY CERTIFY that I attended deceased from Sept 5 1927 that I last saw him alive on Sept 5 1927 and that death occurred, on the date stated above, at 1200 Lee St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the glands of the neck
5 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) [Signature] M. D.
9/5/27 (Address) City of St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE OF BURIAL Sept 7 1927

20. UNDERTAKER Max C. [unclear] ADDRESS 1417 164 Leudner Und Co St. Marked

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

55- by [unclear]
10-26-27

Hungfelder

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

3 199429

State of }
County of } ss.

State File No.
Local Registrar's No. 9023

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for **Fred Hamfelder** died **9-5-1929** 19....., in the State of
Missouri, and which was filed at on....., 19....., should be corrected as follows:

Item No. **2** should read **Fred Hamfelder**

Instead of..... **Fred Henfelder**

Item No. **10** should read **Ed Hamfelder**

Instead of..... **Ed Henfelder**

Item No. should read

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Clarence Kerby* Relationship.....

2123 St. Louis Ave
Present Address.

Subscribed and sworn to before me this *5* day of *Oct.*, 19*40*

My Commission Expires March 4th, 1953

Clarence Kerby Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-31994