

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

Do not use this space.

35697

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **10489**

City.....

(No. **2636**) **S. Bidway**

St. Ward)

2. FULL NAME

Theodore Carl (Cheriff) Oberfell

(a) Residence. No. **2636 S. Bidway** St., **Ward**

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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)

Widowed

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

Annelia Oberfell

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 10 - 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
69	09	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Day Laborer**
 (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

Anton Oberfell

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

Germany

12. MAIDEN NAME OF MOTHER

Not known

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

Not known

14. INFORMANT (Address)

**A. Oberfell
2636 S. Bidway**

15. FILED

**Oct 23 1929
J. S. Starker
REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 22 1929**

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....
 that I last saw h..... alive on, 19....., and that
 death occurred, on the date stated above, at..... **10:00 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
73L

CONTRIBUTORY (SECONDARY)

900B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Jensen, M.D.**
 10/24/29 (Address) **Dep. Comm.**

*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

**St. Oliver Cemetery
Funder Card Co**

DATE OF BURIAL

**Oct 26 1929
7814 Arch. Av.**

20. UNDERTAKER

ADDRESS

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.

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