

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 6674

Township.....

Primary Registration District No. 1003

Registered No. 1496

City St. Louis (No. 5888, Theodosia Ave. St. Ward)

2. FULL NAME

William Ofenstein

(a) Residence. No. 5888 Theodosia Ave. St. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 18 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 23

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Adam M. Ofenstein

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

12. MAIDEN NAME OF MOTHER Walburga Klinge

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

14. INFORMANT Miss Ida Ofenstein
(Address) 5888 Theodosia Ave.

15. FILED May 14 1930 REGISTRAR W. C. Stanley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/3/29 1929 to 2/11/30 1930 that I last saw him alive on 2/11/30 and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
914 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Endocarditis
(duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Microscopic
(Signed) Dr. J. H. ... M. D.

12/1/30 (Address) 5251 Walnut
*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 Zions Cemetery DATE OF BURIAL 2-13 1930

20. UNDERTAKER Geo. L. Pleitner ADDRESS 5966 Eastern

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.

10-1-15

