

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

Do not use this space.

37397

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St Louis (No. 2005 St Louis)

File No.....

Registered No. **10436**

St. _____ (Ward)

2. FULL NAME

(a) Residence. No. 2005 St Louis 19 Ward.

(Usual place of abode)

(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)

Married

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

Ella Oldfield

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

Dec 14 - 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>64</u>	<u>10</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer City of St Louis

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Ervin Oldfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

Isabella Ingram

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) England

14.

INFORMANT Mr Ella Oldfield

(Address) 2005 St Louis

15.

FILED Nov - 3 1930 St Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3rd 1930 **to** Nov 3rd 1930 **that I last saw him alive on** Nov 1st 1930 **and that death occurred, on the date stated above, at** 12:30 a **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Caecum
H/O

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. J. Freudenstein, M. D.
Nov 3, 1930 (Address) 4011 Chantian Ar

*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 Summit Burial Park **DATE OF BURIAL** 11-5-1930

20. UNDERTAKER Alton L. Co 2107 N. Grand

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

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.

