

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

Do not use this space.

26502

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 3008  
 City St. Louis Mo. (No. Sanitarium) St. 13 Ward)

File No. ....  
 Registered No. 7654

**2. FULL NAME**

William Oberrieder  
 (a) Residence, No. 1909 Prairie Ave. 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7<sup>th</sup> 1931

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

22. I HEREBY CERTIFY That I attended deceased from July 1<sup>st</sup> 1930 to July 7<sup>th</sup> 1931. I last saw him alive on July 5<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 1:50 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1873

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 4 18

General Paralysis of Insane (Suicidal)  
 Date of onset 5-27-29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

Other contributory causes of importance:  
33  
34  
22

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

Name of operation Clinical Date of July 7, 1931  
 What test confirmed diagnosis? Clinical Was there an autopsy?

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT W F Mummel M.D. (ADDRESS) 5460 Arsenal St.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethaniam DATE July 9<sup>th</sup> 1931

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER W. G. Reidner, Wash. Co. (ADDRESS) 1417 St. Mark's St.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) William F. Mummel, M.D. (Address) 5460 Arsenal St.

20. FILED W. G. Reidner Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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