

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

Do not use this space.

**1. PLACE OF DEATH**

96 County St. Louis  
2 Township Central  
7 City Clayton (No. ....)

Registration District No. 790  
Primary Registration District No. 6033

File No. 20711  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Albert Ofner  
(a) Residence, No. 7262 Maryland Ward.

(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>mar.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Kohn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8 - 1853</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>
	DAYS <u>19</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Balco</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1932, to June 27, 1932.  
I last saw him alive on June 27, 1932. Death is said to have occurred on the date stated above, at 6 P.M.  
The principal cause of death and related causes of importance were as follows:

1348  
Valvular Disease of Heart  
Date of onset 3/7/32  
Other contributory causes of importance:  
Coronary Disease of Heart 3/7/32

Name of operation 124 B Date of 3/7/32  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ① 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.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) P. H. ... M. D.  
(Address) 2500 ...

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	13. NAME <u>Bernard Ofner</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Antevan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Mrs. P. Murnaghan</u> (ADDRESS) <u>7262 Maryland</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Net Saver</u> DATE <u>6/29</u> 19 <u>32</u>	
19. UNDERTAKER <u>Maries</u> (ADDRESS) <u>4356 Lindell Blvd.</u>	
20. FILED <u>June 28</u> , 19 <u>32</u> <u>R. W. Sullivan</u> Registrar.	

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.

JUL 27 1932

