WHITE 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.

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. 15068

Township ..... Primary Registration District No. 1003 Registered No. 3594

City St. Louis (No. 4671, Greer ave St. ..... Ward)

2. FULL NAME August Offerjost.

(a) Residence, No. ..... St., 10 Ward. ..... (If nonresident, give city or town and State)
(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.

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)~~ Marie Offerjost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1869

7. AGE: YEARS 64 | MONTHS 1 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sterling Products Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

58

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

10

FATHER

13. NAME Peter Offerjost

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

10

MOTHER

15. MAIDEN NAME unknown.

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

21

17. INFORMANT (ADDRESS) Marie Offerjost 4671 Greer ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens Cem. DATE April 22, 1933

19. UNDERTAKER (ADDRESS) Wm. M. Schumacher 4834 Natural Bridge ave

20. FILED APR 20 1933, 19 Max C. Standley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1932, to April 18, 1933

I last saw him alive on April 18, 1933 Death is said to have occurred on the date stated above, at 12:30 PM - 12:30 PM

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

	Date of onset
Hemorrhage into Stomach. 46E 1186	4/16/33
Secondary Anaemia	

Other contributory causes of importance:

Carcinoma of Liver ✓

Name of operation ..... Date of .....

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? ..... 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) Robt C McElvaine, M. D.

(Address) 4356 Warne Ave E.