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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH St.
County St Louis
Township Central
City St Louis
Registration District No. 1160
Primary Registration District No. 4470
(No. 1017 Forest Ave St. Ward)

File No. 21052
Registered No. 69

2. FULL NAME Oswald George Haferkamp
(a) Residence, No. 1017 Forest Ave St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 Rosa Haferkamp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1883
7. AGE YEARS 50 MONTHS 3 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Clerk
10. Date deceased last worked at this occupation (month and year) March 29 1933
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Mo

FATHER
13. NAME Herman Haferkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Leo C. Haupt 5469 Vernon, St Louis, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Augusta, Mo DATE June 30, 1933
19. UNDERTAKER (ADDRESS) Steinbrinker's St. Charles, Mo
20. FILED June 29, 1933 Lena V. Moeller D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to June 27, 1933
I last saw h. ~~was~~ alive on June 27, 1933 Death is said to have occurred on the date stated above, at 9.15 a.m.
The principal cause of death and related causes of importance were as follows:
Sarcoma of Left Kidney
5110
51
Date of onset
Other contributory causes of importance: none
Name of operation Date of
What test confirmed diagnosis? Exploration Was there an autopsy? no
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?
If so, specify
(Signed) R. Y. Henry, M. D.
(Address) 2838 S Grand Bl.