

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

Do not use this space.

FEB 2 1 1935

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St Louis (No. ...., Sanitatum St. .... Ward)

File No. .... **45309**  
 Registered No. .... **52**

**2. FULL NAME** William Oberdick

(a) Residence, No. City Infirmary St. 13 Ward. ....  
 (Usual place of abode) about 47 yrs. mos. ds. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 47 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 5 1

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

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

10. Date deceased last worked at this occupation (month and year) Dec 5 1934 11. Total time (years) spent in this occupation

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

13. NAME Andrew Oberdick

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

15. MAIDEN NAME Sophie Oberdick

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

17. INFORMANT W. F. Williams M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 12 10 19. 1934

19. UNDERTAKER Walter Richter (ADDRESS) 2500 Rutger St

20. FILED 1-2 1935 19 J. F. Drebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1930, to Dec 5th 1934 last seen alive on Dec 5th 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Chronic myocarditis 7/1/30  
33 C  
109 A  
Other contributory causes of importance:  
Pericarditis 12/1/34

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical 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? .....  
 If so, specify William F. Williams M.D.  
 (Signed) William F. Williams M.D. (Address) 5400 Arsenal St

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.

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

