

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.

JUL 12 1935

21602

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Missouri Baptist Hospital**)

File No.....
 Registered No. **5600**
 St. Ward)

2. FULL NAME

Jacob Oberwinder
 (a) Residence, No. **7439 Amherst Ave.** St. **NR** Ward. **University City**
 (Usual place of abode) (If nonresident, give city or town and State)
 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Oberwinder		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th, 1863		
7. AGE YEARS 72	MONTHS 4	DAYS 18
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Mfg.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Philip Oberwinder	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Elizabeth Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) J. S. Oberwinder Jr. 7439 Amherst Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Vainalla Cem. DATE July 1st 1935		
19. UNDERTAKER (ADDRESS) Wrethman & Son 1905 Union Blvd.		
20. FILED JUN 29 1935 J. B. Buebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28th 1935**

22. I HEREBY CERTIFY, (That I attended deceased from **June 26 1935 to June 28 1935**)
 I last saw him alive on **12:00 midnight June 27, 1935**. Death is said to have occurred on the date stated above, at **3:40 A.M.**
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis. Date of onset

Other contributory causes of importance **946**

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 **J. S. Oberwinder Jr.**, M. D.
 (Signed) **J. S. Oberwinder Jr.**
 (Address) **4800 Olive**

not recorded

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