

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.

**MAY 14 1936**

**20645**

**1. PLACE OF DEATH**

County St. Louis  
 Township St. Louis  
 City St. Louis (No. 15540)

Registration District No. **791**  
 Primary Registration District No. **1003**

File No. \_\_\_\_\_  
 Registered No. **4802**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 31580 St. Plum Blossom Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 20 yrs. mos. ds. 24 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10, 1899</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11/36 .1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1936, to 5/11/36, 1936.

I last saw deceased alive on 5/11/36. Death is said to have occurred on the date stated above, at 11 a.m.

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

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

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

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

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

Staph. Septicemia  
Multiple abscesses - lungs, abdomen et  
Perinephric abscess  
(Perinephric) cause unknown

Other contributory causes of importance:  
non-traumatic Neph B  
non-bacterial

Date of onset \_\_\_\_\_

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

13. NAME  
Jos Obert

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

15. MAIDEN NAME  
Sarah Helbig

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

Name of operation Cystotomy - incision & drainage Date of 5/11/36

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

17. INFORMANT (ADDRESS)  
St. Louis City Health Dept

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE National Cem. DATE May 4, 1936

19. UNDERTAKER (ADDRESS)  
C. Hoffmeister U. & L. Co.  
7814 So. Broadway

20. FILED MAY 1 1936  
J.P. Bredeck  
Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936  
 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) M. D.  
 (Address) St. Louis, Mo. #1

