

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.

JAN 10 1937

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**

Township

Primary Registration District No. **1003**City **St. Louis** (No. **City Hospital No. 1**)File No. **43301**Registered No. **11899**

St. Ward)

B. **11377** **Henry Oberfeld**

2. FULL NAME

(a) Residence, No. **2800 South Jefferson St.**, **24** Ward. (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) married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ida Oberfeld**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 23, 1881**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
55		4	6	

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.
	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) **St. Louis Mo**13. NAME **August Oberfeld**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Mary Fererck**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**17. INFORMANT **Hosp. Info. M.H. Kent**
(ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL

West St. Marcus **Dec 4** **31**19. UNDERTAKER (ADDRESS) **Henry Weidenmiller**
6203 Gravois Ave20. FILE NO. **9361 E 330** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/29/36** '1922. **I HEREBY CERTIFY** That I attended deceased from **11/3/36** to **11/29/36**, 19.....
I last saw him **alive** on **11/29/36**, 19..... Death is saidto have occurred on the date stated above, at **5.50p.**The principal cause of death and related causes of importance were as follows:
Date of onset**Carcinoma of stomach primary
mesenteric diverticulus.**Other contributory causes of importance: **HVB**Name of operation **Expl. Laparotomy** Date of **11/29/36**What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **A. B. Senner** M. D.(Address) **City Hospital No. 1**

