JUL 26 1937

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

Do not use this space.

23267

File No.

Registered No. 42

1. PLACE OF DEATH
County Buchanan
Township Washington
City (No. R. F. D. No. 1, 2 St. Ward)
Registration District No. 86
Primary Registration District No. 5127

2. FULL NAME Charles F. Ozenberger, 1
(a) Residence, No. R. F. D. # 1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 74 yrs. 6 mos. 26 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 --- Mrs. Ida Ozenberger
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17, 1862

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Saint Joseph, Missouri

FATHER
13. NAME Peter Ozenberger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Switzerland

MOTHER
15. MAIDEN NAME Elizabeth Steiner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Switzerland

17. INFORMANT Mrs. Ida Ozenberger,
(ADDRESS) R. F. D. # 1, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland cemetery DATE June 15, 1937

19. UNDERTAKER E. R. SIDENFADEN FUNERAL HOME
(ADDRESS) 602 South 10th Street

20. FILED June 15, 1937 B. W. Tadlock M.D. Registrar.
M.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/23/36, 19..., to June 14, 1937
I last saw him alive on June 13, 1937. Death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	

Other contributory causes of importance:

Arteriosclerosis.

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) J. F. Owens, M. D.
(Address) Bollinger Bldg.

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 INDELIBLE INK—THIS IS A PERMANENT RECORD

X7294