

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. 44751
Registered No. 1356

2. FULL NAME Ernest Ozenberger

(a) Residence, No. _____ St. _____ Ward Washington Twp. Buchanan Co.
(Usual place of abode) (If nonresident, give city or town and State) Mo.

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1937 '19

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937, to Dec. 12, 1937

I last saw him alive on Dec. 12, 1937. Death is said to have occurred on the date stated above, at 6:35 a.m. P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 18

Appendicitis
Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Dec. 1937 11. Total time (years) spent in this occupation 20

Peritonitis
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

FATHER 13. NAME Peter Ozenberger

Name of operation Appendectomy Date of 12/3/37
What test confirmed diagnosis? Path. Exam. Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weinsbach, Onto.

MOTHER 15. MAIDEN NAME Louise Stuber

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

17. INFORMANT (ADDRESS) Mrs. Margaret Ozenberger R.F.D.#1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Dec. 15, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Farson St. St. Joseph, Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. E. Bingham M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.

20. FILED 12/14 37 St. Joseph Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

