

RECORDED 10 1939

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

449
Do not use this space.

791
1003

Registered No. 449

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Saint Louis, Missouri (d) Street No. 1900 Cherokee Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
120
2. PRINT FULL NAME Frederick C. Ofzky
(a) Residence, No. 1900 Cherokee Street St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF Magdalena Ofzky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2nd, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tavern
9. Industry or business in which work was done, as 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) Germany

FATHER
13. NAME Wilhelm... Ofzky

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Magdalena Ofzky
(ADDRESS) 1900 Cherokee Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE January 16, 1939

19. FUNERAL DIRECTOR Geisenheim Bros.
(ADDRESS) 2623 Cherokee Street

20. FILED JAN 14 1939 J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13th, 1939

22. I HEREBY CERTIFY, that I attended deceased from Oct 10 1937, to Jan 13 1939
I last saw him alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Other contributory causes of importance:
Hypertension
Chy. myocardia
Chronic Bright Disease

Name of operation Date of
What test confirmed diagnosis? Biological 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? No
If so, specify
(Signed) C. E. Moeller M. D.
(Address) 3537 Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Vearl E. Morris., Licensed Embalmer No. 3360.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No. 3360

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)