

28<sup>th</sup> MAR 13 1939

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

5061  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **1754**  
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** 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 **42** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Oefelein**

(a) Residence, No. **5800 Arsenal** St. **13** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 8, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**70 6 13**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
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) **Unknown Ind.**

FATHER 13. NAME **Geo. Oefelein**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **"**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **"**

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb 24 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **St. Anthony's 4600 Natl. Bldg. etc**

20. FILED **FEB 23 1939** **J.D. Budek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 21, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 5, 1939 to Feb. 21, 1939**

I last saw him alive on **Feb. 21, 1939** Death is said to have occurred on the date stated above, at **10:05 P.M.**

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

**Chronic Myocarditis** Date of onset

**93 C**  
Other contributory causes of importance: **Right Hemiplegia, Cause unknown**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 **William Sapsin**, M. D.  
(Signed) **William Sapsin**  
(Address) **5600 Arsenal St. St. Louis, Mo.**

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.

