S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23335

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6984

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4055 Shaw
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4055 Shaw
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John L. Oefelein

3. (b) If veteran, name war ------

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) About (Day) 1867 (Year)

8. AGE: Years About 76 Months Unknown Days If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John L. Oefelein
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant John L. Oefelein
(b) Address 4055 Shaw ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 8/3/43
(c) Place: burial or cremation Old SS peter&Paul

18. (a) Signature of funeral director Wm C. Mogdell
(b) Address 1926 Allen Ave.

19. (a) AUG 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1943 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 10, 1942, 19 , to Aug 1, 1943 that I last saw him alive on July 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Head of pancreas

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Obstruction of Common duct due to above

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Henry G. Harrell (M. D. or other)

Address 607 N. Grand Bl. Date signed 8-2-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave

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.)

If this body is not embalmed, fact should be so stated above.