S. No. 2
M—2-43
. 5-17-39
F I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26017

FILED AUG 24 1945

Registration District No. 318

Primary Registration District No.

Registrar's No. 7022

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

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1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3612A. Hartford

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 36 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17/6 (If outside city or town limits, write "RURAL")

(d) Street No. 3612A. Hartford 9 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Oxenfeld

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Madge Oxenfeld

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. (Month) 8 (Day) 1882 (Year)

8. AGE: Years 62 ~~63~~ Months 11 ~~10~~ Days 0 ~~29~~ If less than one day hr. min.

9. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

10. Usual occupation Barber

11. Industry or business John Oxenfeld

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace (City, town, or county) Hungary 4 (State or foreign country)

16. (a) Informant Madge Oxenfeld

(b) Address 3612 A. Hartford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/45 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem., St. Louis, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2501 Lafayette

19. (a) AUG 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 12 day 8 year 1945 hour minute 30 A. M.

21. I hereby certify that I attended the deceased ~~from~~ on 19 to 8/8 1945 that I last saw him alive on 8/8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 1 hr.

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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 P. Moskop (M. D. or other)

Address 3554 Victor St. Date signed 8/8/45

(Licensed Embalmer's Statement on Reverse Side) St. Louis (4) Mo.

84X

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.....

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

working under my personal supervision.

Signed.....L. B. Cooper.....

Licensed Embalmer No.....3633.....

P. O. Address.....2317 Polandette.....

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.