

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

Do not use this space.

2896

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. No. 5800 Personal

File No.

Registered No. 482

St. M. N., Ward

2. FULL NAME

Leonard Engler

(a) Residence. No. 5900 Arsenal St. 13 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

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

Posthumum at 1848

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer 4160 136

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

10. NAME OF FATHER

Andrew Engler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

Anna Fletcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

14. INFORMANT

Miss Dora Engler
(Address) 2624 Franklin Ave

15. FILED

JAN 14 1928
max b. Starceff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12 1928

17. I HEREBY CERTIFY That I attended deceased from

July 29, 1927 to Jan 12, 1928
that I last saw him alive on Jan 30, 1927 and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Esophagus

CONTRIBUTORY (SECONDARY)

Senility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH... no DATE OF

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Serge F. Nenge, M. D.

, 19 (Address) 1301 Hoop

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Matthews Cem Jan 14 1928

20. UNDERTAKER

ADDRESS

E J Schorr 3125 Lafayette

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.

