

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 20136
 Township St. Louis Primary Registration District No. 1709 Registered No. 5799
 City St. Louis (No. Lutheran Hospital) St. _____ Ward _____

2. FULL NAME

Alma Engest
 (a) Residence. No. 3453 Pennsylvania 26 Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 3 1893</u>					
7. AGE		YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
		<u>36</u>	<u>-</u>	<u>23</u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Asst. Mgr. Red Cross Chapter</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u>					
(STATE OR COUNTRY) <u>Mo</u>					
10. NAME OF FATHER <u>Norman Engest</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u>					
(STATE OR COUNTRY)					
12. MAIDEN NAME OF MOTHER <u>Anna Bender</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ill.</u>					
(STATE OR COUNTRY)					
14. INFORMANT <u>Anna Engest</u>					
(Address) <u>3453 Pennsylvania</u>					
15. FILED <u>MAY 27 1929</u> <u>May C. Starkey</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 9:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries
(Internal)
Auto over turning in
St. Louis county
Co. Mo. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Accident

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) John V. Deves M.D.
5727 (Address) Coroner

*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 <u>Sunset Burial Park</u>	DATE OF BURIAL <u>5-29 1929</u>
20. UNDERTAKER <u>Mrs. Schumacher</u>	ADDRESS <u>3013 Meramec</u>

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.

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