

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

Do not use this space.

20282

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
 Township..... Primary Registration District No. **003**  
 City St. Louis, Mo. (No. 5443 Ruskin Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Annie M. Engel  
 (a) Residence No. 5443 Ruskin St. 7 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>E. W. Engel</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Sep. 7, 1863</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>65</b>	<b>8</b>	<b>22</b>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Housewife</b> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) St. Louis,  
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <b>Unknown</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>
	12. MAIDEN NAME OF MOTHER <b>Annie Kuffwitt</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>

14. INFORMANT Mrs. Kellbert  
 (Address) 3801 - Herbert St.

15. FILED **MAY 31 1929**  
May C. Standley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May - 29 1929**

17. I HEREBY CERTIFY, That I attended deceased from Jan - 10 1929 to May 29 1929 that I last saw her alive on May 29, 1929, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Arteriosclerosis  
Cerebral Hemorrhage  
92 1/2  
 (duration) 10 yrs. mos. ds.  
 CONTRIBUTORY Hypertension  
 (SECONDARY) (duration) 10 yrs. mos. ds.

18. ~~WHERE~~ WAS DISEASE CONTRACTED St. Louis  
 IF NOT AT PLACE OF DEATH  
 DID IN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Neurological Exam  
Blood Pressure  
 (Signed) V. C. B. Satterfield, M. D.  
 , 19 (Address) 301 Humboldt Bldg.

\*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>St. Peter's Cemetery</u>	DATE OF BURIAL <u>6-1-1929</u>
20. UNDERTAKER <u>Jos. Brumachung</u>	ADDRESS <u>4740 - 9<sup>th</sup></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.

235  
31  
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