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

Do not use this space.

File No. 6772

Registered No. 1604

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. 2007 Chouteau Ave. St. Ward)

Registration District No. 791 1003

Primary Registration District No.

2. FULL NAME Louisa C. Engel

(a) Residence. No. 2007 Chouteau Ave. St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/25/1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Schlanker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Schemd Wolf.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT A. E. Engel
(Address) 4040A Lafayette ave

15. FEB 15 1930
FILED 19 Mark C. Tarlton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/13/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 13, 1930 that I last saw h. alive on Feb 12, 1930 and that death occurred, on the date stated above, at 6/40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Renal arteriosclerosis
93C
97 (duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Schwendewolf M. D.

2/13, 1930 (Address) 1801a Chouteau

*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
Warrenton Missouri	2/15/30
20. UNDERTAKER McLaughlin	ADDRESS 1631 Mo. ave.

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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