

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

Do not use this space.

28077

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 7965  
 City St. Louis (No. 2646 , Potomac (Lutheran Hospital), St. \_\_\_\_\_ Ward)

**2. FULL NAME** Adolph G. Engert

(a) Residence, No. 3536a Vista St. 24 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Petzoldt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1869  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 1 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Egg Business  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170  
 10. Date deceased last worked at this occupation (month and year) Aug. 19, 1932 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) Altenburg, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Fred Engert  
 14. BIRTHPLACE (CITY OR TOWN) Altenburg, (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Seibel,  
 16. BIRTHPLACE (CITY OR TOWN) Altenburg, (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Hattie Engert (ADDRESS) 3536a Vista Dr

18. BURIAL, CREMATION, OR REMOVAL PLACE Altenburg, Mo. DATE Sept. 2, 1932

19. UNDERTAKER Deiderichsen Funeral Home, Inc. (ADDRESS) 19126 Broadway

20. FILED SEP -1 1932 Max C. Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 21 1932 to August 30 1932  
 I last saw him alive on August 30, 1932 Death is said to have occurred on the date stated above, at 4:15 P.m.  
 The principal cause of death and related causes of importance were as follows:

Empyema of the gall bladder Date of onset Aug 21, 1932  
127A  
 Other contributory causes of importance: (1)

Name of operation gall bladder drainage Date of Aug 23-31  
 What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) William Hunter M.D.  
 (Address) 3325 S. Grand Blvd

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

21.10m Wingy Grand  
-33 x 5  
1-8