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.

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

Do not use this space.

37108

File No. 9678

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. Barnes Hosp. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mayme Hayes Engel (Nee Hartman)

(a) Residence, No. 4932 Forest Park St., 12 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: Female

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: Chas. C. Engel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1882

7. AGE: YEARS 50 MONTHS 4 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrensburg Missouri

FATHER

13. NAME: William Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Hays

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): C. C. Engel 4932 Forest Park Boul.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE Warrensburg Mo. DATE Nov 2 1932

19. UNDERTAKER (ADDRESS): Wagoner 3621 Olive St.

20. FILED NOV - 1 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 1 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 - 30 - , 1932 to 11 - 1 - , 1932

I last saw her alive on 11 - 1 - , 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Oct 30 1932 88 Tac

Other contributory causes of importance: none ascertainable

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? none (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? none

If so, specify

(Signed) Louis H. Behrens, M. D.

(Address) BARNES HOSP.