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.

41546

1. PLACE OF DEATH
County St. Louis Registration District No. 1123
Township ~~Koch~~ Carondelet Primary Registration District No. 6248 B
City Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. 420

2. FULL NAME Maude G. Engel.
(a) Residence, No. Koch Hosp. St. Koch Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

96

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
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 Albert H. Engel.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1875
7. AGE YEARS 67 MONTHS 5. DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. 9 36
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 11 1 5
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 10 3 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

FATHER
13. NAME George Gunnison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. 2

MOTHER
15. MAIDEN NAME Elizabeth Levey.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Hospital Record
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellfountaine DATE Dec. 23 1932
19. UNDERTAKER (ADDRESS) Drehmann Harrel 1905 Union Ave.
20. FILED Dec 22, 19 L. C. Chroch M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Dec 20, 1932
I last saw her alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 7 40 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage with Pulmonary Congestion

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Xy, Ph.Ex. 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? .....
If so, specify .....
(Signed) Melvin J. H. Tess, M. D.
(Address) Koch Hosp.