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.

SEP 26 1933

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

Do not use this space.

25742

1. PLACE OF DEATH

County Buchanan — Registration District No. 3 — File No.

Township — Primary Registration District No. 1001 — Registered No. 858

City St Joseph (No. 2506, N 15th St St. Ward)

2. FULL NAME Marie Engelmeier Engelmeier

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Engelmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 25 1851

7. AGE: YEARS 82 — MONTHS 7 — DAYS 5 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
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): Unk Holland

FATHER
13. NAME: ?? Van Deusan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Holland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

17. INFORMANT (ADDRESS): Charles T Vey 2204 Seneca

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moria DATE: Sept 2 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc 1946 Colhoun

20. FILED: SEP 1 1933 19 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from aug 24, 1933, to aug 30, 1933
I last saw her alive on aug 30, 1933 Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Hemiplegia — Date of onset 8-24-33
87 D
10
1

Other contributory causes of importance:
Hypertension — dont know
age.

Name of operation — Date of
What test confirmed diagnosis? Paralysis 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) Thomas Redmond, M. D.
(Address) 302 P.S. Bldg.