

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

Do not use this space.

17626

JUN 28 1935

**1. PLACE OF DEATH**

County St. Louis Registration District No. 785  
Township Bonhomme Primary Registration District No. 3037  
City Kirkwood (No. 911 Edna Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 86

**2. FULL NAME**

George Albert Engler  
(a) Residence, No. 911 Edna Ave St. \_\_\_\_\_ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 07-18-1903  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter  
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) St. Louis Mo

13. NAME Fred Engler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Minnie Furlong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Ms. Helen Engler (ADDRESS) 911 Edna Ave

18. BURIAL, CREMATION OR REMOVAL PLACE Coke Grove Ceme DATE 5-17 1935

19. UNDERTAKER Louis N. Bopp (ADDRESS) Kirkwood Mo

20. FILED J/15 1935 Agnes C. Kelly Registrar (Address) Kirkwood, Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-1935

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1934, to 5/14, 1935  
I last saw him alive on 5/14, 1935. Death is said to have occurred on the date stated above, at 11:30 A. M.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Hemorrhage 5/14/35

Other contributory causes of importance:  
Pulmonary Tuberculosis 1933

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray 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) Dr. Fred C. Kelly, M. D.  
(Address) Kirkwood, Mo

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.

