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.

APR 11 1936

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

Do not use this space.

13087

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. ST. JOHN'S HOSPITAL St. ..... Ward)

File No. .....

Registered No. 3158

2. FULL NAME WOODFORD OTTO ENGELKE

(a) Residence, No. 6444 BRADLEY St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 8 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MAINTENANCE MAN

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

10. Date deceased last worked at this occupation (month and year) 3-21-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

FATHER

13. NAME ALVIN F. ENGELKE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

MOTHER

15. MAIDEN NAME ISABELLE PRICE

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

17. INFORMANT (ADDRESS) ALVIN F. ENGELKE 6444 BRADLEY AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 3-22 1936

19. UNDERTAKER (ADDRESS) KRIEGSHAUSER MORTUARIES 4228 S. KINGSHIGHWAY BLVD.

20. FILED MAR 23 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Internal Hemorrhage from Ruptured Spleen & Liver
External Hemorrhage from compound fracture Left Humerus, received when he fell from crane

Date of onset

Other contributory causes of importance:

Accident

205 M

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? Accid. Date of injury 3/21, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Fall from crane

Nature of injury Internal Hemorrhage, Rupt. Spleen

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Deceased was maintenance man

(Signed) [signature] M.D.

(Address) [signature]

3/23/36

Coroner City