

MAY 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14759

1. PLACE OF DEATH

County Sasconade
 Township Baerff
 City _____ (No. _____)

Registration District No. 306
 Primary Registration District No. 5424

File No. _____
 Registered No. 1
 St. _____ Ward _____

2. FULL NAME

WILHELMINE ENGELBRECHT

(a) Residence, No. Owensville RFD #1 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Henry Engelbrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 5 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Apr 19 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Herrmann
 (STATE OR COUNTRY) Mo.

13. NAME Christoph Kemper

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

15. MAIDEN NAME Hanna Berger

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

17. INFORMANT Hugo & Pieske
 (ADDRESS) Sasconade Mo RFD #1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Charlotte Cemetery DATE Apr 24 1936

19. UNDERTAKER Herman Blumer
 (ADDRESS) Baerff Mo

20. FILED 4-22-36 John Engelbrecht
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 - 193622. I HEREBY CERTIFY, That I attended deceased from April 19 - 1936 to Apr 22 - 1936I last saw her alive on Apr 21 - 1936 Death is saidto have occurred on the date stated above, at 9:15 A.M.

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

Cerebral apoplexy
8221

Date of onset
Apr 19
1936

Other contributory causes of importance: —Name of operation None Date of _____What test confirmed diagnosis? Physician 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) John Engelbrecht M. D.(Address) Stony Hill, Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

