

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

Do not use this space.

SEP 29 1936

32305

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City Webster (No. 1300)

Registration District No. 790
Primary Registration District No. 1300

File No. _____
Registered No. 319
St. _____ Ward _____

2. FULL NAME

Engene Waldner

(a) Residence, No. 926 Bell 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 MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 2

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

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

10. Date deceased last worked at this occupation (month and year) Aug-15-1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Julia Kamp
(ADDRESS) 926 Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Jackson DATE Aug 19 1936

19. UNDERTAKER Woods Funeral Home
(ADDRESS) 2734 Sheridan

20. FILED 8/17/36 Dr. J. Squarrelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/36, 19

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 7 AM.

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

Chr. myocarditis, Chr. endocarditis, Chr. arteriosclerosis, Chr. coronary sclerosis. Date of onset _____

Other contributory causes of importance: Acute myocardial dilatation.

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? Yes
If so, specify _____
(Signed) [Signature] P. M. D.
(Address) 318 [Address]
[Signature]

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.

