

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.

JUL 31 1937

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

Do not use this space.

24845

1. PLACE OF DEATH  
 County ST. LOUIS Registration District No. 789  
 Township N. D. R. MANDY CENTRAL Primary Registration District No. 6033  
 City MARYLAND HEIGHTS No. 2 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME EMMA S. ENGEL  
 (a) Residence, No. C. U. MBERLAND 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.

File No. \_\_\_\_\_  
 Registered No. 160

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ADAM H. ENGEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP. 19-1869

7. AGE YEARS 67 MONTHS 8 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

FATHER  
 13. NAME CARL STEDING  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

MOTHER  
 15. MAIDEN NAME JOHANNA ROSEHEA  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

17. INFORMANT ELMA ROSE JOHAN ROBERTSON, MO.  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE TEE TEE CEM. DATE 6-7-1937

19. UNDERTAKER Beynmann Bros. Dis. Overland, Mo.  
 (ADDRESS)

20. FILED 6-7-1937 W. A. Beckner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to June 4, 1937.  
 I last saw her alive on June 4, 1937. Death is said to have occurred on the day stated above, at 9:15 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 1935

Other contributory causes of importance: 930

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? medical history 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 J. Connell M. D.  
 (Address) 10.300 Lackland Road.

