

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

Do not use this space.

1. PLACE OF DEATH

26 County Call Registration District No. 213
 Township Osage Primary Registration District No. 3014
 City Osage Bluff No. 529615

File No. 2521
 Registered No. 16 St. _____ Ward _____

2. FULL NAME

Lentide Engelbrecht 524
 (a) Residence, No. Osage Bluff mo. St. _____ Ward _____
 (Usual place of abode)
 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Daughter of Mr & Mrs H Engelbrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1868

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>9</u>	<u>2</u>	

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. _____
 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) Jeff City mo.

13. NAME Henry Engelbrecht

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

15. MAIDEN NAME Katherine Linder

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

17. INFORMANT E. C. Brenner
 (ADDRESS) Osage Bluff mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE 1/13/38

19. UNDERTAKER Breese Funeral Home
 (ADDRESS) Jeff City mo.

20. FILED 1/13/1938 J. D. Besford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1938

I HEREBY CERTIFY That I attended deceased from Jan 6 1938 to Jan 11 1938
 that saw her alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
RECEIVED
 FEB 23 1938
 Other contributory causes of importance: gan

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Name of operation _____ Date of _____
 What test confirmed diagnosis symptoms 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? _____
 If so, specify _____ (Signed) L. A. Meyer M. D.
 (Address) Jefferson City 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.

