REC'D MAR 14 1938

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

Do not use this space. 6118

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
(d) Street No. St. Joseph's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 32 yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 194

2. PRINT FULL NAME John G. Engel 524
(a) Residence, No. 5223 Lake St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Saveta Engel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9, 1890

7. AGE: Years 48 | Months 1 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Grocer
9. Industry or business in which work was done, as saw mill, bank, etc.: Own store
10. Date deceased last worked at this occupation (month and year): Jan. 1938
11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumania

FATHER
13. NAME: George Engel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Rumania

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT: Mrs. Saveta Engel
(ADDRESS) 5223 Lake Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Feb. 14, 1938

19. FUNERAL DIRECTOR (ADDRESS): Clark Mortuary 5025 King Hill Ave.

20. FILED 2/12 1938 H. Headrick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1938 to Feb. 11 1938, I last saw him alive on Feb. 11 1938. Death is said to have occurred on the date stated above, at 9:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis or lymphoid sarcoma	Dec. 37
HO	

Other contributory causes of importance: Autopsy not sufficiently complete as yet to determine the true character of the malignancy nor its primary location
Name of operation none Date of
What test confirmed diagnosis Clinical 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? no
If so, specify
(Signed) C. S. Grant, M. D.
(Address) 6307 King Hill Ave St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOTE—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.

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STATEMENT BY LICENSED EMBALMER

I, Earl a Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl a Clark

L. E.

No. 3476 or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl a Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

6118
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1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 194
(c) City St Joseph, (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John G. Engel
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 11 1938

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

	Date of onset
Carcinomatosis or lymphosarcoma	
autopsy not sufficiently complete yet to determine the true character of the malignancy or primary location	1/6
Other contributory causes of importance: Lymphosarcomatosis, generalized, no primary site. Heaviest involvement in liver and mediastinum	Dec 1937

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

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) C. S. Grant, M. D.
(Address) 6202 King Hill ave., St Joseph Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Exact statement of OCCUPATION is very important.