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.

SEP 21 1938

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

Do not use this space.

File No. 28833
Registered No. 70

1. PLACE OF DEATH
County Franklin
Township
City Washington (No. St. Francis Hospital St. Ward)
Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME FRANCIS WILLIAM ENGEMAN
(a) Residence, No. (Usual place of abode) MARTHASVILLE St., Ward. Marthasville Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18-1938
7. AGE YEARS ✓ MONTHS ✓ DAYS — If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo 0

FATHER
13. NAME WILLIAM PETER ENGEMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARTHASVILLE MO

MOTHER
15. MAIDEN NAME AMELIA ALFREDA WEBER CASE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Wm Peter Engeman Marthasville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Marthasville Mo DATE 8-19 1938
19. UNDERTAKER (ADDRESS) Rose Funeral
20. FILED Aug 19 1938 H A May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1938 to Aug 18 1938
I last saw h alive on Aug 18 1938. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	
Intrauterine asphyxia	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Herbert J Schmidt M. D.
(Address) Marthasville Mo