

SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade

Registration District No. 304

File No. 28863

Township Richland

Primary Registration District No. 5421

Registered No. 41

City Marrison (No. 534)

St. Mo Ward 1

2. FULL NAME Pauline Engelbert

(a) Residence, No. 534 St. Mo Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

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 John Englebert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1863

7. AGE 75 YEARS 6 MONTHS 27 DAYS If LESS than 1 day, hrs. or min.

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

13. NAME Anton Klimas

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

15. MAIDEN NAME Marciana Kadusk

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

17. INFORMANT Pauline Fehuli (ADDRESS) Marrison Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marrison Mo DATE Sept 3 - 1938

19. UNDERTAKER Arnold Hummert (ADDRESS) Marrison Mo

20. FILED Sept 6 1938 F. R. Kieker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1938, to Aug 31 1938

I last saw her alive on Aug 31 1938 Death is said to have occurred on the date stated above, at 5:10 m.

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

Acute dilation of heart Date of onset Aug 1-31

Other contributory causes of importance:
Chronic myocarditis 2 yrs
Chronic hyperostosis parietalis 2 yrs

Name of operation..... Date of.....
What test confirmed diagnosis? Physical 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) L. J. Williams M. D.
(Address) Marrison 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.

