20 1938 REC'D OCT 6 1938

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

33242
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Central Clayton~~ — Primary Registration District No. 101 — Registered No. 1533
(c) City Clayton — (d) Street No. St. Louis County Hosp. 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 Herman V. Engeszer 5[illegible]
(a) Residence, No. 8314 Ave "G" 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): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amanda Engeszer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4, 1870
7. AGE: YEARS 68 — MONTHS 2 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: iron worker
9. Industry or business in which work was done, as saw mill, bank, etc.: Stupp Bros.
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. 0

FATHER
13. NAME: Herman Engeszer 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 9

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

17. INFORMANT (ADDRESS): Eugene Engeszer, 8418 Tennessee
18. BURIAL, CREMATION, OR REMOVAL — PLACE: New St. Marcus — DATE: Sept 21/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fendler Und. Co., 7420 Michigan
20. FILED SEP 20 1938 19 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 18, 1938 9

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 3.30PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. Struck by an automobile while a pedestrian on a public highway.	9/6/38

Other contributory causes of importance:

Fracture of humerus.	9/6/38
Multiple emboli of brain.	9/18/3

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/6/38
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury struck by auto
Nature of injury Fracture of humerus

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O. Connell, M. D.
(Address) Coroner of St. Louis County, L

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
[illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2679

P. O. Address 744 Perry Pene

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

If this body is not embalmed, above space should be left blank.