

REC'D DEG 13 1938

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

*Dr. J. J. ...*

**40195**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St Charles Registration District No. 760 B  
 (b) Township Dardenne Primary Registration District No. 6001 Registered No. 61  
 (c) City ..... (d) Street No. St Charles R.R. 1 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**

(a) Residence, No. 534 Amelia Engelmeyer St.  (If nonresident, give city or town and State)  
St Charles County Mo (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Engelmeyer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14<sup>th</sup> 1851  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) St Joseph Mo

FATHER 13. NAME Frederick W Schaal

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

MOTHER 15. MAIDEN NAME Don't Know Unknown

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

17. INFORMANT (ADDRESS) Mrs Anna Vierling  
St Charles County R.R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Baroness Lane DATE Oct 31 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.C. Ballinger  
St Charles Mo

20. FILED Oct 31 1938 E. A. Kuehly Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1938 to Oct 27 1938

I last saw her alive on Oct. 26 1938 Death is said to have occurred on the date stated above, at 11<sup>45</sup> a.m.

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

Chronic Nephritis Uremia 121 12/27/38

Other contributory causes of importance: Arterio Sclerosis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) J. J. ... M. D.  
St Charles Mo (Address)

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.

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**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.....

P. O. Address.....

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

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