

FILED MAR 15 1940
Registration District No. **35**

Primary Registration District No. **1001**

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7

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3108 Seneca
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 65 Years
years, months or days

3. (a) PRINT FULL NAME PETER EDUARD ENGLERTH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha C. Englerth 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Aug. 8th 1871
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Woodworker

11. Industry or business _____

12. Name of father Frank E. Englerth

13. Birthplace Unknown Bavaria
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pauly

15. Birthplace Luxemburg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha C. Englerth

(b) Address 3108 Seneca St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 12th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1945 Calhoun St. Joseph, Mo.

19. (a) Feb 17 1940 (b) AJ. Neelch...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3108 Seneca
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1939 to Feb. 7, 1940
that I last saw him alive on Feb 7, 1940, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Bladder & Intestine 6 hrs
Duration
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Bladder
Of operations _____
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 2/19/40

MAY 7 1948

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 C. J. Swan

Licensed Embalmer No. 4082

P. O. Address Sr. Jarrish

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.