

NOV 16 1940 791

Primary Registration District No.

Registrar's No. 8273

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2606 Minnesota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WALBURGA ENGLERTH

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Englert 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Sept. 15 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months -- Days 17 If less than one day
hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Anton Bross

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

14. Maiden name Dont Know.

15. Birthplace Dont Know.
(City, town, or county) (State or foreign country)

16. (a) Informant Olivia Cordes

- (b) Address 2606 Minnesota Ave.

17. (a) Burial (b) Date thereof Oct. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J.H. Sinden P. H. Co.

- (b) Address 2842 Meramec St.

19. (a) OCT 4 1940 (b) J. F. Breeding
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 2606 Minnesota Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd
year 1940 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 16
1938 to OCT 2 1940
that I last saw her alive on OCT 2nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRALHAEEMORRHAGE causing
Paralysis Right SideDue to Myocarditis chronic

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature And W. Rolling (M. D. or other)Address 2120 Sidney Date signed OCT 4-40

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.....

Robert F. Gebken

Licensed Embalmer No. **4144**

2842 Meramec St.
P. O. Address..... St. Louis, Mo.

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, fact should be so stated above.