

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

303

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

303

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2019 Farrar St  
(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 Johanna Engler

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ernst Alvin Engler 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased April 5 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 5 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 Henry Krallmann

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

14. Maiden name Elizabeth Kirchoff

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

16. (a) Informant Ernst Engler

(b) Address 2019 Farrar

17. (a) Burial (b) Date thereof Jan 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Reiderwieden Funl Home

(b) Address 1936 St Louis Ave

19. (a) JAN 13 1941 (b) J. F. Brudick  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 2617  
(d) Street No. 2019 Farrar St  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1941 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Dec. 10 1940, 19\_\_\_\_, to January 10 1941, that I last saw her alive on January 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertrophic Bronchitis.

Due to Bronchiectasis and Pulmonary Edema. (Terminal)

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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudick (M. D. or other) \_\_\_\_\_

Address 3621 No. 20th St. Date signed 1/11/41

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

20  
17  
9

MOTHER FATHER

**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.....

*Harold Brown*

Registered Apprentice No. *257*

working under my personal supervision.

Signed.....

*[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 N. Lincoln*

**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.**