

No. 2  
11-1-39  
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APR 3 1941 423  
Registration District No. 423

Primary Registration District No. 5578

State File No. \_\_\_\_\_

Registrar's No. 11

1. PLACE OF DEATH:

(a) County. Jefferson Co.

(b) City or town. Rock  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural Park Sieders Club.  
(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)

8. (a) PRINT FULL NAME. Henry Engel.

8. (b) If veteran, name war. \_\_\_\_\_ 8. (c) Social Security No. None

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

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Month) (Day) (Year)

7. Birth date of deceased. August 17th, 1880.  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 5 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bernard Engel

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary Haussler  
(b) Address. 5049 Idaho Ave.

17. (a) Burial (b) Date thereof March 24, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Matthews Cemetery

18. (a) Signature of funeral director. Ziegenfuss Bros.  
(b) Address. 2623 Cherokee Street.

19. (a) Mar 22, 1941 (b) Phil J. Kirk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jefferson

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Park Sieders Club.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd,  
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Suicide by shot gun wound, self inflicted

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 164

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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). Suicide

(b) Date of occurrence 3/22/41

(c) Where did injury occur? Kennettville Jefferson Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Park Sieders Club.

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

23. Signature 38 [Signature]  
Address Kennettville Mo Date signed 3/23/41

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

**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

*V E Morris*

Licensed Embalmer No. 3360

P.O. Address 2623 Cherokee

**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.**