No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11978

FILED APR 9 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 593

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carson Rd nr Mc Arthur
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 16 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Carson Rd. nr Mc Arthur
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME IDA ENGE

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

4. Sex female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ryland Enge
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased July (Month) 14 (Day) 1872 (Year)

8. AGE: Years 68 | Months 8 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Montgomery (City, town, or county) Ala (State or foreign country)
10. Usual occupation housewife
11. Industry or business
12. Name James Taylor
13. Birthplace unknown (City, town, or county) Alabama (State or foreign country)
14. Maiden name Sarah Mc Cloud
15. Birthplace unknown (City, town, or county) S.Carolina (State or foreign country)
16. (a) Informant Bettie Chambers
(b) Address Carson Rd nr Mc Arthur
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk. Cem
18. (a) Signature of funeral director Boyd Bros
(b) Address Lix & Stanza Aves, Kinloch.
19. (a) MAR 18 1941 (Date received local registrar) (b) T R Meyer MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1941 hour 4 30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 28 1941, to March 16 1941 that I last saw her alive on March 16th 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	2 weeks
Due to Bronchal pneumonia	6 weeks
Due to Chr Myocarditis	1935
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
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) ✓
(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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 3-17-41

(Licensed Embalmer's Statement on Reverse Side)

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: Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Fine

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

If this body is not embalmed, fact should be so stated above.