S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4304

FILED MAR 17 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1372

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: Jewisch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 26

(c) City or town St Louis
(If outside city or town limits write "RURAL")

(d) Street No. 3401 N. 11 Th Str
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Engelmann

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 Widow

6. (b) Name of husband or wife Joseph Engelmann

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Dec , 27 Th 1869
(Month) (Day) (Year)

8. AGE: Years 72 ------ Months 1 -- Days 16-0- If less than one day hr. min.

9. Birthplace Austria Hungaria 4
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name John Stehle
13. Birthplace Austria Hungaria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace Austria Hungaria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Carilina Vining
(b) Address 1629 Jonquil Drive (Webster)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 14 Th 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 14 Th STr

19. (a) FEB 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1942 to Feb-12, 1942
that I last saw her alive on Feb-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephritis chronic

Due to

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

Major findings:
Of operations 131b

Of autopsy None

Duration 10 days

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 Wm Alexander Smith (M. D. or other)
Address Webster Groves Date signed 2-13-42

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.