No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25254

Registration District No. 184 Primary Registration District No. 180 Registrar's No. 1574

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Rural Bonhomme Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clarkson Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural Chesterfield, Mo. #1
(If outside city or town limits, write "RURAL")
(d) Street No. Clarkson Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Russell C. Engelke
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Lulu Engelke
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased February 11, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	5	10	hr. min.

9. Birthplace Ellisville, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business J. Newman
12. Name Henry H. Engelke (Father)
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Ann Brown (Mother)
15. Birthplace England 4 (City, town, or county) (State or foreign country)
16. (a) Informant John Engelke
(b) Address Chesterfield, Mo. R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Stewart Cemetery
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) JUL 22 1942 (Date received local registrar) (b) (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21, year 1942 hour about 2 minute A.M.
21. I hereby certify that I attended the deceased from Jan. 10, 1942, to July 20, 1942, that I last saw him alive on July 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Nephritis
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo. Date signed 7/22/42

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1942

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 Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin 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.

No. B
—8-2-41
I X2288

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. 25254

Registration District No. 784 Primary Registration District No. 200 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Russell C. Engelke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife Lulu

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb (Month) 11 (Day) 1884 (Year)

8. AGE: Years 58 Months 5 Days 10 If less than one day ... min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) R G McGann MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY