

FILED OCT 14 1942

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **8191**

30

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

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

(d) Length of stay: In hospital or institution **2 hours,**
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

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

(d) Street No. **4664 So. Grand Blvd.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edwin Martin Engasser**

3. (b) If veteran, name war **World War** 3. (c) Social Security No.

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 **January 3 1890**
(Month) (Day) (Year)

8. AGE: Years **52** Months **8** Days **29** If less than one day hr. min.

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

10. Usual occupation **Hoisting Engineer**

11. Industry or business.....

MOTHER FATHER

12. Name **Jacob Engasser**

13. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Brunner**

15. Birthplace **Alsace Lorraine**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ada Engasser**
(b) Address **4664 So. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **Oct. 5, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hepburn-Berry Mortuary**
2842 Meramec St.
(b) Address **OCT 3 1942**

19. (a) **1942** (b) **J. J. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2nd** year **1942** hour **1** minute **45 P.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.

Immediat cause of death
Tubercular Pneumonia Fracture of left wrist Fracture of right rib - left side suffered when deceased fell down at flight patterns at his home 6144 Pershing Ave on Sept 29th 1942 at about 4:15 am

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 resulted from external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Sept 29 - 1942**

(c) Where did injury occur? **At home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature **Alfred Henry** (M. D. or other).....
Date signed **10/3/42**

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe S Benz
Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 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.