

S. No. 2
OM-542
Rev. 5-1-42
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **541**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis Childrens Hospital
(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 Mo (b) County St. Louis

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

(d) Street No. 728 Benton St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joyce Lee Engelke

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 9 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 8 hr. min.

9. Birthplace Valley Park Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Harold M. Engelke

13. Birthplace Ellisville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Hoisington,

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harold M. Engelke

(b) Address 728 Benton St. Valley Park, Mo

17. (a) Burial (b) Date thereof 1-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JAN 19 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1943 hour 9:40 minute _____ A.M.

21. I hereby certify that I attended the deceased from 11-11-42
_____, 19____, to 1-17-43, 19____;

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho pneumonia
Malnutrition

Duration 1wk
2months

Due to Tracheo esophageal fistula, congenital

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy as above

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) _____

Address 500 N. Campbell St. Date signed 1-18-43

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

John M. Meyer

Licensed Embalmer No.

3288

P. O. Address

1 Kirkwood Dr

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.