

FILED FEB 10 1943

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 139

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY  
(b) City or town ST. JOHNS STATION  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2950 KENTUCKY 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OSAGE 76  
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0  
(d) Street No. BLAND ROUTE 2 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME MARTIN ENGELBRECHT

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

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife DOROTHEA FRIEDRICH  
6. (c) Age of husband or wife if alive, DEAD, years  
7. Birth date of deceased. APRIL 14 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 4  
If less than one day hr. min.

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

10. Usual occupation FARMING

11. Industry or business ENGELBRECHT

MOTHER FATHER  
12. Name ENGELBRECHT  
13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)  
14. Maiden name NOT KNOWN  
15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant FREDERICK STRUNK

(b) Address 2950 KENTUCKY

17. (a) BURIAL (b) Date thereof JAN. 21 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FEURSVILLE CEM. NO

18. (a) Signature of funeral director W. F. Hottenstaedt

(b) Address Owensville Mo

19. (a) JAN 19 1943 (b) C. D. McLauran M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 18  
year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from  
Jan 11 1943 to Jan 18 1943;  
that I last saw him alive on Jan 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Bronchial Pneumonia 1 week

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?

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

23. Signature W. F. Hottenstaedt (M. D. or other)  
Address 2816 St. Charles Rd Date signed

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

Signed Milford H. H. Winter  
Licensed Embalmer No. 3838  
P. O. Address Owensville 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.**