

ED MAR 11 1943

Registration District No. 210

Primary Registration District No. 3050

Registrar's No. 26

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Hubert Engelage
3. (b) If veteran, name war 0
3. (c) Social Security No. 0

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hubert Engelage
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased: Jan 27th 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 7 If less than one day hr. min.

9. Birthplace: Augusta, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: House wife

12. Name: Leath Berthold Polius

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

14. Maiden name: Emma Rosana Liem

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

16. (a) Informant: Dr. Paul Mollinsport
(b) Address: St. Charles, Mo.

17. (a) Burial (b) Date thereof: 2/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Augusta, Mo

18. (a) Signature of funeral director: William M. ...
(b) Address: Wintersville

19. (c) 2-8-43 (b) Cerence G. ...
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Augusta
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 6th
year 1943 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from 11/26/43
1943 to 2/6 1943
that I last saw her alive on 2/5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: apendicel obersa 10 days
Due to: rupture d appendix 12 days
Due to: 12/11

Other conditions: none
(Include pregnancy within 3 months of death)
Major findings: apendicel obersa
Of operations: 2/5/43
Of autopsy: 2/5/43

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: B. J. ... (M. D. or other) 2nd
Address: St. Charles, Mo. Date signed 2/6/43

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

22
9
3

92

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Marion M. Muehlenberg

Licensed Embalmer No. *2461*

P. O. Address *Wentzville 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.