

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-27-43 5-5-43
(Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... 11

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

(d) Street No. Freeberg, Ill. R R # 1
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME Helen Englerth,

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 Married

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

7. Birth date of deceased. Dec 30 1913
(Month) (Day) (Year)

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

29 4 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... John Fix,

{ 13. Birthplace..... Illinois,
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Josephine Hoh,

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

16. (a) Informant..... Henrietta Buchanan,

(b) Address..... Isolation Hospital

17. (a) Removal (b) Date thereof May 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeberg Illinois

18. (a) Signature of funeral director Margot Sintzel

(b) Address Freeberg Illinois

19. (a) MAY 5 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-27-43
143. to 5-5- 19 43

that I last saw her alive on 5-5-43 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ac. Meningitis 3 wks.
Duration

Due to..... 2

Due to..... 108

Other conditions Rh. Lower lobe Pneumonia 1 wk.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy Basilar Meningitis
Rh. Lower Pneumonia Parasitological Abnormalities
Chloroform Mon.

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..... David G. Gilling (M. D. or other).....
Address..... St. Louis, Missouri, Holy Date signed 5-5-43

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 *William J. Hrons*

Licensed Embalmer No. *4319*

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.