

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 11

Primary Registration District No. 2436

Registrar's No.

1. PLACE OF DEATH:

(a) County. GASCONADE
(b) City or town. BAY, MO. (GOLDWARE)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME JOSEPH 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 MARRIED
6. (b) Name of husband or wife CHARLOTTE ENGELBRACHT 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased. MARCH 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 9 hr. min.

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

10. Usual occupation FARMING

11. Industry or business

12. Name CASPER ENGELBRECHT
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARY SLAYMANN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) BURIAL (b) Date thereof 4 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JAMES CEMETERY, OWENSVILLE, MO.

18. (a) Signature of funeral director W. B. Meyer

(b) Address Owensville Mo

19. (a) 4-19-43 (b) W. B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town BAY
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 22, 1943 to Apr 15, 1943
that I last saw him alive on Apr 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy no 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 John Engelbrecht (Name or other)
Address Stony Hill Date signed 4-12-43

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 *W. F. Gettinastrocter*

Licensed Embalmer No. *1444*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14252

Registration District No. 117

Primary Registration District No. 5436

Registrar's No.

1. PLACE OF DEATH: Gasconade
(a) County
(b) City or town. Bay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Joseph Engelbrecht

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

4. Sex m 5. Color or race r 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Dec 7 - 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 1 If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Paul Engelbrecht

(b) Address Overtonville Mo

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Mrs. F. B. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

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

Major findings: Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-14252