

FILED JUN 14 1943 818

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 5144

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:  
4555 Lewis Place /  
(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 Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4555 Lewis Place  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Cecil L. Engler

3. (b) If veteran, name war. no 3. (c) Social Security No. 493 09 8327

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

6. (b) Name of husband or wife. John Engler 6. (c) Age of husband or wife if alive. 55 years

7. Birth date of deceased. March 19 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 2 13 hr. min.

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

10. Usual occupation At Home

11. Industry or business Corum Ogles

12. Name De Soto Ill.

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

14. Maiden name De Soto Ill.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant 4555 Lewis Place

(b) Address burial (b) Date thereof. June 4 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cemetery

18. (a) Signature of funeral director. Cullinane Bros.  
(b) Address 1710 N. Grand Boul.

19. (a) JUN 4 1943 (b) J. F. Budeak (Registrar's signature)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
1943 year. 7 hour. 30 minute. A.M.

21. I hereby certify that I attended the deceased from Aug 6, 1942, to June 2, 1943  
that I last saw her alive on June 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. carcinoma  
currs. uterine adnexa Duration 1 yr.

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

Major findings: carcinoma PHYSICIAN  
Of operations.....  
Of autopsy.....  
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. M. Black (M. D. or other)  
Address 205 N. H. Highway Date signed 6/2/43

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

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**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.....

*Fred Frick*

Licensed Embalmer No..... 3186

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.**