

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 276
Registrar's No. 17

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4142 Walsh Street
(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.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4142 Walsh Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elsie Engel
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex female / Color or race White
6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 6, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1
year 1944 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from Jan 1939 to Jan 1, 1944
that I last saw her alive on Dec 18, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 6 25 hr. min.

Immediate cause of death.....
Chronic Myocarditis Duration 2 yrs
Chronic Interstitial Nephritis 2 yrs
Due to.....
Due to.....
Other conditions:
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Samuel Hicks
13. Birthplace Dublin Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellis
15. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Engel
(b) Address 4142 Walsh Street

17. (a) burial (b) Date thereof 1/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Son
(b) Address 7027 Gravois

19. (a) JAN 3 1944 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

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 R. B. Karno (M. D. or other) M.D.
Address 2000 So. Broadway Date signed 1/21/44

Duration
2 yrs
2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *C P Bidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.