. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16314

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4520

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: City Hospital # 1 0
(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: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 804 Geyer Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Inez Engelhardt

3. (b) If veteran, name war No

3. (c) Social Security No. -----

4. Sex Female

5. Color or race Wht.

6. (a) Single, widowed, married, divorced 2 Wid.

6. (b) Name of husband or wife Roscoe Engelhardt

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

7. Birth date of deceased Unknown abt. 1894
(Month) (Day) (Year)

8. AGE: Years About 50 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Houdewife

11. Industry or business

FATHER
12. Name Henry Costellow
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lucy Elkins
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Cora Heim
(b) Address 2035 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. C. Mogdell
(b) Address 1926 Allen Ave.

19. (a) MAY 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour 11 P.M. minute M.

21. I hereby certify that I attended the deceased from Sept 15, 1943, to May 15, 1944
that I last saw her alive on May 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis Liver	18 Months
Due to Acites	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Holdinnes M.D. (M. D. or other)
Address 4205 Virginia Date signed 5/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 192 C Allen ave

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.