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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26197

FILED SEP 8 1944

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7626

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: 5416 Gertrude /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County
(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")
(d) Street No. 5416 Gertrude
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helene Engel

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

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

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

7. Birth date of deceased May (Month) 3 (Day) 1889 (Year)

8. AGE: Years 55 | Months 3 | Days 29 | If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Frank Simmerman
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Catherine Eilers
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Abe Engel
(b) Address 5416 Gertrude

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.

19. (a) SEP 4 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2 year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from June 18 1943, to Aug 26 1944; that I last saw her alive on Aug 26 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis to Brain — Duration
Due to Carcinoma of Breast
Due to 50
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Extensive Carcinoma Breast
Of autopsy none

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 0

23. Signature W E Leighton (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 9/7/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....1597.....

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.