

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2140

Registration District No. 1347

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sulphur Spring Rd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether
 In this community 73 years / 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 9/5
 (c) City or town Manchester
(If outside city or town limits, write "RURAL")
 (d) Street No. Sulphur Spring Rd. 8
(If rural, give location)
 (e) Citizen of foreign country? no. 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Martin S. Engler
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30,
 year 1945 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from
May 27, 1944, to Jan. 30, 1945;
 that I last saw him alive on Jan. 29, 1945;
 and that death occurred on the date and hour stated above.

4. Sex Male / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Harhart Engler
 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased Jan. 31, 1872
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis
 Due to arteriosclerosis
 Due to _____

8. AGE: Years 73 Months 0 Days 22
 If less than one day _____ hr. _____ min.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business Own farm
 12. Name Matthew Engler
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs Anna Engler
 (b) Address Manchester, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 45
(Month) (Day) (Year)
 (c) Place: burial or cremation Salem A. E. Cem. Ballwin Mo.
 18. (a) Signature of funeral director Charles Kunkel
 (b) Address Ballwin, Mo.
 19. (a) FEB 1 1945 (Date received local registrar) (b) E. J. Malaga (Registrar's signature)

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 B. P. Loving (M. D. or other) M.D.
 Address Ballwin, Mo. Date signed 1-31-45

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 *Theo Schradler*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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.