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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35224

FILED NOV 1 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 9688

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo. 27ds. (Specify whether years, months or days)
In this community 57 yrs.

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. 5221 Lexington Ave
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES ENGEL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male D
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eleanor Engel
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. (Month) 25 (Day) 1888 (Year)

8. AGE: Years 57 Months 8 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) D
10. Usual occupation Executive (Retired)
11. Industry or business United Drug Co.
FATHER
12. Name George Engel
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) D
MOTHER
14. Maiden name Lena Delermann
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant T. Singler
(b) Address 5400 Arsenal St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) NOV 8 1945 (Date received local registrar) J. F. Bedeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1945 hour 6.50 minute A M.
21. I hereby certify that I attended the deceased from Sept. 10, 1945 to Nov. 7, 1945; that I last saw him alive on Nov. 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Paresis	3 yrs.
Due to Arteriosclerosis Moderate	5yrs.
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 Cyrus Pachter (M. D. or ~~coroner~~)
Address 5300 Arsenal St. Date signed 11/7/45

(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 Warren A. Carver

Licensed Embalmer No. 353 X

P. O. Address.....

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.