

FILED DEC 7 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10377**

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:
Josephine Heitkamp Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days.**
(Specify whether
In this community **50 Years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **060
17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **138**
(d) Street No. **8629 Drury Lane**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Martha E. Engemann**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Albert Engemann** 6. (c) Age of husband or wife if alive **1873** years

7. Birth date of deceased **March 12, 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **16** If less than one day
hr. min.

9. Birthplace **Berlin, Germany** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hilda Schaefer,**
(b) Address **8629 Drury Lane**

17. (a) **Burial** (b) Date thereof **12/1/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **2117 E. Grand Blvd.**

19. (a) **NOV 30 1945** (b) **J. F. Bedeck**
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**
year **1945** hour **9** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 18, 1945**
....., 19....., to **Nov. 28**....., 1945;

that I last saw him alive on **Nov. 28**....., 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Lung Rt. - bronchiogenic type**

Due to.....

Due to.....

Other conditions **Plenial Effusion**
(Include pregnancy within 3 months of death) **Ch. Myocarditis**

Major findings:
Of operations.....
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 **none**
(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 **John A. Hasting** (M. D. or other) **MO.**
Address **2807 N. Grand** Date signed **11/29/45**

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.