S. No. 2
M—8-43
. 5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37133

FILED NOV 17 1945

Registration District No. 9 Primary Registration District No. 5443 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town "Rural" Roark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 mi. South of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi/ South of Hermann
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED JACOB ENG
3. (b) If veteran, name war [illegible] 3. (c) Social Security No. None

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July (Month) 15 (Day) 1877 (Year)

8. AGE: Years 68 | Months 8 | Days 22 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frederick Eng
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Kellner
15. Birthplace Berger (City, town, or county) Mo (State or foreign country)

16. (a) Informant Aug. Eng
(b) Address RFD, Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cath. Cem.

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) 10/8/45 (Date received local registrar) (b) Orlando A. Mundorf (Registrar's signature)

1609 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th year 1945 hour 4 30 minute P M.

21. I hereby certify that I attended the deceased from Sept 20, 1945; to Oct 5th, 1945; that I last saw him alive on Oct 5th at 8 P.M., 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of the liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

H of f
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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

Signature C. A. Pace (M. D. or other) D.O.
Address Bergen Mo Date signed 10/8/45

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

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 11-15-45

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 Hugo A Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.