

U.S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39120

FILED DEC 28 1945
Registration District No. 318

Primary Registration District No. 1003

State File No. 11067
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

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. 1904 S. 12th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY ENGELKEN
3. (b) If veteran, name war. 3. (c) Social Security No. 491-14-8252
4. Sex Male, Color or race White, 6. (a) Single, widowed, married, divorced, Divorced
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Aug. 12 1888 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15th year 1945 hour 4:40 minute P M.
21. I hereby certify that I attended the deceased from 12/1/45 to 12/15/45 that I last saw him alive on 12/15/45 and that death occurred on the date and hour stated above.

8. AGE: Years 57, Months 4, Days 3, If less than one day hr. min.

Immediate cause of death Carcinoma of esophagus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Carcinoma of esophagus
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired packer
11. Industry or business Rice Stix
12. Name Henry Engelken
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Henrichs
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Engelken
(b) Address 3424 A. Cherokee St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

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?
While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Gebken Sons
(b) Address 2630 Gravois
19. (a) DEC 18 1945 (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

23. Signature 1525 Lafayette 12/17/45 (Date signed)
Address

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.....

Robert T. Gebken

Licensed Embalmer No.....

4144

P. O. Address.....

2630 Groves

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.