

V. S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25203
Registrar's No. 5918

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Kenneth Otto Engelhard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 April 21 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>12</u>	<u>2</u>	<u>12</u>	hr. _____ min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At school

11. Industry or business _____

MOTHER FATHER { 12. Name Otto F. Engelhard

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

{ 14. Maiden name Dorothy E. Stoehr

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

16. (a) Informant Otto F. Engelhard

(b) Address 4256 Michigan Ave.

17. (a) Burial (b) Date thereof Jul. 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) JUL 5 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4256 Michigan Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 46 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7-2, 1946 to 7-3, 1946; that I last saw him alive on 7-3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death ? lymphosarcoma in anterior mediastinum

Due to _____

Due to _____

Other conditions 55
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature R. J. Blatter (M. D. or other) D

Address 30. Pa. Keph... Date signed _____

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..... *Lorion E. Percy*.....

Licensed Embalmer No. *4094*.....

P. O. Address *2842 Meramec St.*
St. Louis, Missouri.

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.