

V. S. No. 2
100M-5-43
Rev. 5-17-39
Form 1 X36671

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33533**

FILED SEP 18 1947

Registration District No. **362**

Primary Registration District No. **4232**

Registrar's No. **19**

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

1. PLACE OF DEATH:
 (a) County Warren
 (b) City or town "Rural" Bridgeport Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 mi. East of Case
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LAWRENCE JOSEPH ENGEMANN
 (b) If veteran, name war ----
 (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 June 20 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 10
 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Engemann Jr
 13. Birthplace Case Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Geraldine Gosen
 15. Birthplace Rhineland Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. Engemann Jr
 (b) Address Case, Missouri

17. (a) Burial (b) Date thereof 8-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Anthony Cemetery

18. (a) Signature of funeral director Hugos Polunier
 (b) Address Hermann, Mo

19. (a) 8-30-47 (b) Mrs. Fred Murray
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Warren 109
 (c) City or town "Rural"
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 mi. East of Case
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
 year 1947 hour 11 minute 00 A M.
 21. I hereby certify that I attended the deceased from June 20, 1947, to August 30, 1947.
 that I last saw him alive on August 15, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Anoxia Duration _____

Due to Congenital Heart Disease SINCE BIRTH

Due to _____

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

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 _____
 (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 0

23. Signature Carvel T. Shaw, M.D. (M. D. or other) _____
 Address Hermann, Mo. Date signed 8-30-47

RECEIVED
District Health Officer No. 9
District File Number
Date Filed SEP 17 1947

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 St. 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.