S. No. 2
I—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42993

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11693

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: Home of Aged 3225 N. Florissant (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ yrs (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1626 a Knapp St. (If rural, give location) 9
26
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME Frances E. (Lizzie) Engelmeier
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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 31 (Day) 1862 (Year)

8. AGE: Years 85 Months 1 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business Garment Worker
FATHER
12. Name Anthony Engelmeier 4
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Anna Kutmer 4
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs Agnes Jackson
(b) Address 5934 Lotus Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Brookland Und Co.
(b) Address 1827 Hogan St.
19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1947 hour 6:45 minute A.M.
21. I hereby certify that I attended the deceased from December 1, 1947 to December 21, 1947
that I last saw her alive on December 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Senility
Due to
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration
???
???

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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) 0
While at work? (e) Means of injury
23. Signature Bernard K. Rolle (M. D. or other)
Address 2302 Salisbury St. Date signed 12-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.