

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1948

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5443

44253
State File No.
Registrar's No. 29

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:
7 mi. South of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Lifetime (Specify whether)
In this community Entire Lifetime
years, months or days

3. (a) PRINT FULL NAME AUGUST ENG

3. (b) If veteran, name war None 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

7. Birth date of deceased May 13 1883
(Month) (Day) (Year)

8. AGE: Years. Months Days If less than one day
64 6 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Frederick Eng

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Susan Kellner

15. Birthplace Berger Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Eng

(b) Address Hermann, Mo RFD

17. (a) Burial (b) Date thereof 12-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery

18. (a) Signature of funeral director Hugon H. Kellner

(b) Address Hermann, Mo

19. (a) 12/4/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 7 mi. South of Hermann
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4 pm. 12. 1947 to 10 am. 2. 1947;
that I last saw him alive on 10 am. 2. 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid portion of colon Duration 1 yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 26F

Of autopsy

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

23. Signature [Signature] (M. D. or other)

Address Hermann, Mo. Date signed 12/4/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-15-48

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.....

Hugot H. 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.