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47070

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

FILED FEB 17 1948

Registration District No. 174 Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County 0 Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 18 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Esther Ellis Engelbrecht

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Fred W. Engelbrecht
6. (c) Age of husband or wife if alive... Dead years
7. Birth date of deceased Nov 12th, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 2 22 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Henry C. Schulte
13. Birthplace Bay, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Kaufman
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Kiefer
(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 2/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herman, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Box 255, Linn, Mo.

19. (a) 2-6-48 (b) R. P. Harris MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Linn, Mo. 0 Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th, year 1948 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 17 to Feb 4 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma Liver

Due to cause unknown

Due to

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

Major findings: cardio vascular disease

Of operations.....
Of autopsy 131A

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) M.D.
Address Jefferson City Date signed 2-6-48

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2/16/58

NOV 19 1952

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 Vernon M. Masten
Licensed Embalmer No. 64125
P. O. Address Vernon M. Masten

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.