

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital - Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **020**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **7021 Wise Avenue** (If rural, give location) **4**  
**Memorial**  
(e) Citizen of foreign country? **+** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LULU HENGELSBERG**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **30th**  
year **1948** hour **8** minute **45** AM  
21. I hereby certify that I attended the deceased from **4/27/48**  
\_\_\_\_\_ 19\_\_\_\_ to **April 30th** 19 **48**  
that I last saw her alive on **April 30th** 19 **48**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Irwin F. Hengelsberg** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **July 1 1892**  
(Month) (Day) (Year)

Immediate cause of death **Bacterial endo-carditis, acute** Duration **5 days?**

8. AGE: Years **55** Months **8** Days **29** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Subarachnoid hemorrhage**  
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **Multiple abscesses - spleen; lung, heart - Caused**  
Underline the cause to which death should be charged statically.

11. Industry or business \_\_\_\_\_  
12. Name **Henry Bloecher**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Rosenbach**  
15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: **from above**  
(a) Accident, suicide, or homicide (specify) **Hemorrhage**  
(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?

16. (a) Informant **Irwin F. Hengelsberg**  
(b) Address **7021 Wise Avenue**  
17. (a) **Burial** (b) Date thereof **May 3, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Picker Cem.**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **M B Mills** (M. D. or other) **0**  
Address **1515 Lafayette** Date signed **4/30/48**

18. (a) Signature of funeral director **Kraeger-Voss, Inc.**  
(b) Address **3402 N. Kingshighway**  
19. (a) **MAY 2 1948** (b) **J. F. Brebeck**  
(M.D. received local Registrar) (Registrar's signature)

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

MOTHER, FATHER

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**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. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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.**