

No. 309
1-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35088
Registrar's No. 2446

FILED NOV 9 1948
Registration District No. 2448

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2744 Hanley Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Emma L. Engelland

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 Married

6. (b) Name of husband or wife Edward E. Engelland

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 1, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name David Gier 4

13. Birthplace Germany (City, town, or county) (State or foreign country) 1

14. Maiden name Olga Weber

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Edward E. Engelland

(b) Address 2744 Hanley Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) 10-22-48 (Date received local registrar) (b) Paul J. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 9/6

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2744 Hanley Rd 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1948 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Sept 26, 1948, to Oct 22, 1948;
that I last saw her alive on Oct 21, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to 93d.

Due to _____

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

Major findings: Of operations _____

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) (c) Means of injury 0

23. Signature O. E. Sterling (M. D. or other) MP
Address 2050 North 3 South Rd Date signed 10-22-48

2050 07-2-14
PM 8-11-08

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 Ralph C. Lindus
Licensed Embalmer No. 4275
P. O. Address St. Louis, 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.