

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20983

1003 State File No. 5446
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 1003		Registrar's No. 5446			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived at institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 23 Years		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) N.R. 7554 Parkdale Avenue		e. COUNTY Clatsop			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				3. NAME OF DECEASED a. (First) Theodore		b. (Middle) _____		c. (Last) Engelder		4. DATE OF DEATH (Month) (Day) (Year) June 23, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 21, 1865		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY Theology		11. BIRTHPLACE (State or foreign country) Olean, New York				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Rev. Conrad Engelder				13b. MOTHER'S MAIDEN NAME Catherine Graf				14. NAME OF HUSBAND OR WIFE Ella Engelder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Miss Clara Engelder, 7554 Parkdale Ave.,				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 1 wk			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Coronary artery disease								INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201							
22. I hereby certify that I attended the deceased from 1943 , to June 23, 1949 , that I last saw the deceased alive on June 23, 1949 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE R. H. ...				23b. ADDRESS 3701 Grandel St.				23c. DATE SIGNED 6-24-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. JUN 24 1949		REGISTRAR'S SIGNATURE J. B. Fasater				25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.		ADDRESS _____			

WRITE PLAINLY—USING UNFAADING, BLACK INK—MAKE A PERMANENT RECORD

Dr. Robert A. Nussbaum
3701 Grandel Square

12:00 - 3:00 Except Wednesday

None

JUN 2

Embalmer separate cost fees

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

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.