

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28021

7083

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 110			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 4-1120 Graham Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE		b. (Middle)		c. (Last) ENGELHARDT		4. DATE OF DEATH (Month) (Day) (Year) Aug. 13 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 19, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min. 5 24	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Angenendt		13b. MOTHER'S MAIDEN NAME Sophia Unknown		14. NAME OF HUSBAND OR WIFE Late John Engelhardt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elmer Schurwan-1120 Graham Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia, In of right lung; when she fell to the floor in the hall</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Swing C#4 at City Infirmary</i> DUE TO (c) <i>an June 28 1949 defect</i> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>time unknown</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Infirmary</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. Mo.</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 28 49</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>OOD</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Patric E Taylor</i> (Degree or title)				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8/15/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 16, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>SS Peter & Paul Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>AUG 15 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Subster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl</i>			

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

Mildred

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 *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 Lakewood Highway*

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.