

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32524

BIRTH NO. _____		REG. DIST. NO. 1317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2105	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) Olivette		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OLIVETTE			
d. FULL NAME OF HOSPITAL OR INSTITUTION A. Teal's HOME				d. STREET ADDRESS (If rural, give location) ENGEL LANE			
3. NAME OF DECEASED (Type or Print) a. (First) Henriette b. (Middle) Elisabeth c. (Last) Engel			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1859	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Olivette Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Martin Kuntz		13b. MOTHER'S MAIDEN NAME Catherine Werner		14. NAME OF HUSBAND OR WIFE John Engel Dcd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Catherine Engel ADDRESS 9470 Engel Lane			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of sigmoid ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				INTERVAL BETWEEN ONSET AND DEATH 2 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 3:30 P.M. 9/1/49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/25, 1948 , to 9/1, 1949 , that I last saw the deceased alive on 8/31, 1949 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. D. Stealy (Degree or title) M.D.				23b. ADDRESS 1104 W. Adams Boulevard		23c. DATE SIGNED 9/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-1949		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Olivette Mo.	
DATE REC'D BY LOCAL REG. 9-3-49		REGISTRAR'S SIGNATURE Robert P. Noble		25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros. Inc. ADDRESS 2504 Woodson Rd - Overland, Mo. (114)			

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

Wm. Stealy

02-58

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.

Signed

Oscar F. Mueller

Signed

Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.