

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42444

FILED DEC 27 1949

State File No.

318

10745

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>45 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4529a St. Ferdinand</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>F</u>		c. (Last) <u>ENGELKEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1949</u>	
5. SEX <u>Male</u>		16. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 6 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Refrigeration</u>		11. BIRTHPLACE (State or foreign country) <u>Hanover, Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Kuhlengelken</u>		13b. MOTHER'S MAIDEN NAME <u>Elsa Smale</u>		14. NAME OF HUSBAND OR WIFE <u>Johanna Nolde Engelken</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louis Engelken, 4529a St. Ferdinand</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 yrs. X</u>	
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) <u>97</u>		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? <u>331X</u>					
22. I hereby certify that I attended the deceased from <u>Aug. 28, 1944</u> , to <u>Dec. 12, 1949</u> , that I last saw the deceased alive on <u>Dec. 12, 1949</u> , and that death occurred at <u>8:35p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. Hopflaker M.D.</u> (Degree or title)				23b. ADDRESS <u>5400 Arsenal St.</u>		23c. DATE SIGNED <u>12/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE RECD BY LOCAL REG. OFF. <u>DEC 14 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Rosster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>			

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

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 Max L. Wenzel

Licensed Embalmer No. 4170

P. O. Address 1936 N. Linn Ave.

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.