

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12445**
Registrar's No. **10782**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.						
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY				
b. CITY OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION 2217 a Barrett st				d. STREET ADDRESS 10 3217 a Barrett st								
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) H			c. (Last) Engelman			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH December 15, 1870		9. AGE (In years last birthday) (Specify) 78		10. UNDER 1 YEAR 11	11. UNDER 1 YEAR Days 29	12. UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse				10b. KIND OF BUSINESS OR INDUSTRY none				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? D		
13a. FATHER'S NAME Chas. Engelman				13b. MOTHER'S MAIDEN NAME Louisa Grovemeyer				14. NAME OF HUSBAND OR WIFE none				
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. no		17. INFORMANT'S SIGNATURE OR NAME Harold Hecker 5926 Clemens 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> ANTECEDENT CAUSES DUE TO (b) <i>Hy pertension</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>Arterio Sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 19. INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i>								
19a. DATE OF OPERATION <i>none</i>				19b. MAJOR FINDINGS OF OPERATION <i>none</i>				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) <i>97</i>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>B31X</i>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>Dec 13</i> , 19 <i>49</i> , and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.												
23a. SIGNATURE <i>Gene N. Mounsey M.D.</i> (Degree or title)						23b. ADDRESS <i>4032 W. Florissant</i>			23c. DATE SIGNED <i>Dec 14/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 16, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.						
DATE REC'D BY LOCAL REG. DEC 15 1949		REGISTRAR'S SIGNATURE <i>J. B. Fosater</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>A. Kron Ball Co. 2707 N. Grand</i> ADDRESS						

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

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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 _____

Stanley H. Dixon

Signed _____

Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.