

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12152

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 145

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

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Calloway</i>	c. LENGTH OF STAY (In this place) <i>119.6m. 25d.</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Florissant</i> <i>4000</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no. 1.</i>		d. STREET ADDRESS (If rural, give location) <i>R R # 3.</i>	

3. NAME OF DECEASED (Type or Print) <i>AUGUSTA ENGE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7 27 1950</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>N.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>D.K.</i>	9. AGE (In years last birthday) <i>apx 50 DK.</i>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>	11. BIRTHPLACE (State or foreign country) <i>D.K.</i>		12. CITIZEN OF WHAT COUNTRY? <i>D. S. A.</i>	

13a. FATHER'S NAME <i>D. K.</i>	13b. MOTHER'S MAIDEN NAME <i>D. K.</i>	14. NAME OF HUSBAND OR WIFE <i>Benny Enge</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>DK</i>	16. SOCIAL SECURITY NO. <i>DK</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Hospital Records Fulton Mo.</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetic Coma.</i>		ANTECEDENT CAUSES DUE TO (b) <i>Chronic Glomerulonephritis</i>		<i>592X</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 *4-26-50* to *4-27-50*, that I last saw the deceased alive on *4-27-50*, 19*50*, and that death occurred at *8:30P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. C. Caldwell M.D. / by: A. V. Mayo M.D.</i>	23b. ADDRESS <i>Calloway Mo.</i>	23c. DATE SIGNED <i>4-27-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24b. DATE <i>5-3-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Boyd Bros Menlock Park</i>	
DATE REC'D BY LOCAL REG. <i>May-1-1950</i>	REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	

MAY 20 1950

RECEIVED MAY 4 1950
District Health Officer No. 9
District File Number

MAY 29 1950

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed Edward A Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4548th Pkwy

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.

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