

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43188

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3011

4000
6

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky b. COUNTY McCracken	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) Paducah	
c. LENGTH OF STAY (In this place) 1 mo. 19 days		d. STREET ADDRESS (If rural, give location) Route # 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) c. (Last) Englert			4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 10, 1881		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) St. John's, Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME John Englert			13b. MOTHER'S MAIDEN NAME Lena Krimple			14. NAME OF HUSBAND OR WIFE Mrs. Edna Englert		
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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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mr. Aubrey Englert Paducah, Kentucky			
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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) self-inflicted strangulation by ligature-body found hanging from bar of a window suspended by bedspread wound around his neck. DUE TO (b) bar of a window suspended by bedspread wound around his neck. 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E974X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) sanitarium		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wellston St. Louis Mo.	
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21d. TIME OF INJURY 12 13 50			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? see above		
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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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE Arnold J. Willman 3 Coroner			22b. ADDRESS Clayton, Mo.			22c. DATE SIGNED 12/14/50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12) 15) 50		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) Paducah Kentucky	
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DATE REC'D BY LOCAL REG. 12/13/50		REGISTRAR'S SIGNATURE Robert P. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Collier's Funeral Home 10123 St. Chas. Rd.	
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MAR 1 1958

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Sheldon Collier

Signed.....

Student Embalmer

Licensed Embalmer No. 3382

P. O. Address. 10123 St. Charles, R.

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.