

FILED FEB 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3363  
Registrar's No. 202

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give town) Manchester  
c. LENGTH OF STAY (in this place) 6 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4692  
d. STREET ADDRESS (If rural, give location) 102a N Kirkwood Rd

3. NAME OF DECEASED  
a. (First) Lena b. (Middle) Engelman c. (Last) Engelmeyer

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 22, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 23, 1873

9. AGE (In years last birthday) 77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? Amer.

13a. FATHER'S NAME Unknown Wilsmann

13b. MOTHER'S MAIDEN NAME Maria Elizabeth Unknown

14. NAME OF HUSBAND OR WIFE John Engelmeyer

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 ADDRESS  
Christine Lederle Kirkwood 22 Mo

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) Cereb. ap. Hemorrhage.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterial hypertension & chronic hyp. occlusion.  
DUE TO (c) Arteriosclerosis.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 weeks  
4-5 years  
5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1951, to 1/22, 1951, that I last saw the deceased alive on 1/5, 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) *Charles W. G... M.D.*

23b. ADDRESS Kirkwood, Mo

23c. DATE SIGNED 1/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-25-51

24c. NAME OF CEMETERY OR CREMATORY Old SS Peter & Paul

24d. LOCATION (City, town, or county) (State) City of St. Louis Mo.

DATE REC'D BY LOCAL REG. 1/23/51

REGISTRAR'S SIGNATURE *Robert R. ...*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizinger Kirkwood 22 Mo.

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

4000  
4

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.....  
Student Embalmer

Signed *William H. Fitzgerald*  
.....

Licensed Embalmer No. *4316*

P. O. Address *Kelwood 2, 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.