

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9747**  
Registrar's No. **3**

0920

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

BIRTH NO. _____		REG. DIST. NO. <b>308</b>		PRIMARY REG. DIST. NO. <b>6049</b>		Registrar's No. <b>3</b>	
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Augusta Mo RR</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Augusta Mo RR</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS WM.</b> b. (Middle) <b>ENGELF</b> c. (Last) <b>GE</b>				4. DATE OF DEATH <b>MAR. 18 - 51</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 8 1892</b>	
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Labourer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Augusta Mo D</b>	
13a. FATHER'S NAME <b>LOUIS ENGELF GE</b>			13b. MOTHER'S MAIDEN NAME <b>Mathilda Mack</b>			14. NAME OF HUSBAND OR WIFE <b>Lena Engelage</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>yes World War No 1</b>		16. SOCIAL SECURITY NO. <b>488-09-6868</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Engelage</b> ADDRESS <b>Augusta Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophied Prostate</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 days</b> <b>4/201</b> <b>2 yrs</b>	
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)			
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?			
22. I hereby certify that I attended the deceased from <b>Mar 16, 1951</b> , to <b>March 18, 1951</b> , that I last saw the deceased alive on <b>Mar 18, 1951</b> , and that death occurred at <b>8:45 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. M.D.</b>				23b. ADDRESS <b>Marthasville Mo</b>		23c. DATE SIGNED <b>3-20-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar. 22-51</b>		24c. NAME OF CEMETERY OR GREMATORY <b>Augusta Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Augusta Mo</b>	
DATE REC'D BY LOCAL REG. <b>March 21, 1951</b>		REGISTRAR'S SIGNATURE <b>Mrs. Viola Fluesslein</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Olie Sheeping</b>		ADDRESS <b>Augusta Mo</b>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

MAR 26 1951

RECEIVED

1951 MAR 26 1951

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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.

Student \_\_\_\_\_  
Student Embalmer

Signed Olie Thielking

Licensed Embalmer No. 3759

P. O. Address Augusta 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.