

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21958**

FILED JUL 2 - 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5793**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5793		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 yrs. 14 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2139		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.				
3. NAME OF DECEASED a. (First) James (Type or Print)			b. (Middle) Arthur		c. (Last) Engle.		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952.	
5. SEX male.	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.		8. DATE OF BIRTH Oct. 22, 1885		9. AGE (In years) (Month) (Day) 66	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13a. FATHER'S NAME James Engle.			13b. MOTHER'S MAIDEN NAME Florence Brown		14. NAME OF HUSBAND OR WIFE Rosey????			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records				ADDRESS 5800 Arsenal St
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Cerebral arteriosclerosis with II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Structural damage				INTERVAL BETWEEN ONSET AND DEATH		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X				
22. I hereby certify that I attended the deceased from June 6, 1946 , to June 20, 1952 , that I last saw the deceased alive on June 20, 1952 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Palmer Reissie Bowdich M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 6-20-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 23, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road Lemay, Mo			
DATE REC'D BY LOCAL REG. JUN 23 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. 7814 S. Broadway				

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

1040

187

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 Harry J. Schumacher

Signed.....
Student Embalmer:

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.