

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27151

State File No.

FILED AUG 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>543</u>		Registrar's No. <u>2096</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>Jennings</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6115 Vetter Pl.</u>				e. STREET ADDRESS (If rural, give location) <u>6115 Vetter Pl.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle) <u>---</u>		c. (Last) <u>EngelsKind</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Apr. 12 1862</u>		9. AGE (in years last birthday) <u>91</u> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>New York N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Martini</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Huetter</u>			14. NAME OF HUSBAND OR WIFE <u>Rudolph Engelskind</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martin Oberschelp, 6115 Vetter Pl.</u>				
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) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Arterial sclerosis</u> DUE TO (c) <u>Chronic myocarditis</u>						<u>15 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						<u>15 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>None</u>		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) (m.)		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 <u>Jan. 1 1930</u> , to <u>July 30 1953</u> , that I last saw the deceased alive on <u>July 30 1953</u> , and that death occurred at <u>10:55 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Scott Newer, M.D.</u> (Degree or title)				23b. ADDRESS <u>634 North Grand St. Louis</u>			23c. DATE SIGNED <u>7-31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/1/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-31-53</u>		REGISTRAR'S SIGNATURE <u>Hester R. Dumb</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hrehmann-Harral- 1905 Union Blvd.</u>				

4008

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

Dr. Scott Heuer,
Mo. Theater Bld.

1 to 2

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.....
Signature of Student Embalmer

Signed.....
Albert R. Thompson

Licensed Embalmer No. *4237*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.