

**STANDARD CERTIFICATE OF DEATH**

State File No. **33164**  
 Registrar's No. **7863**

FILED SEP 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St Charles</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta Mo</i>	
c. LENGTH OF STAY (in this place) <i>4 days</i>		d. STREET ADDRESS (If rural, give location) <i>0920</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deaconess Hospital</i>			

<b>3. NAME OF DECEASED</b> (Type or Print) <i>HUBERT H. ENGELAGE</i>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>Aug. 9-1953</i>		
a. (First)	b. (Middle)	c. (Last)	9. AGE (in years last birthday) <i>60</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>3</i>	IF UNDER 24 HRS. Hours <i></i> Mins. <i></i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan. 4-1893</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Trk. R. + Sales</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Augusta Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Wm Engelage</i>		13b. MOTHER'S MAIDEN NAME <i>Schuettenberg</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-09-8181</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Raymond W Engelage</i> ADDRESS	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i>			<i>3 days</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Hemorrhage - 3 mos ago</i> DUE TO (c) <i>Generalized Atherosclerosis undetermined</i>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>331X</i>		

22. I hereby certify that I attended the deceased from *23-Feb-1953*, to *9-Aug-1953*, that I last saw the deceased alive on *8-Aug-1953* and that death occurred at *3:20* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <i>Gene Whalley M.D.</i>		23b. ADDRESS <i>4501<sup>st</sup> Manchester</i>		23c. DATE SIGNED <i>11-Aug-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-13-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Augusta Mo</i>					

DATE REC'D BY LOCAL REG. <i>AUG 11 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Oliver Shelking</i> ADDRESS <i>Augusta Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wingville, 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.