

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1954

State File No. **17376**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1214**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b><br>b. COUNTY <b>ST. LOUIS</b>                               |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>CLAYTON</b> |  | c. CITY OR TOWN <b>CLAYTON</b> <b>444</b><br>d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (In this place) <b>15 yrs</b>  |  | e. STREET ADDRESS (If rural, give location) <b>7749 KINGSBURY BLVD.,</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7749 KINGSBURY BLVD</b>                             |  |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>HERMAN</b> c. (Last) <b>ENGLER.</b>                             |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>5-24-1954</b> |   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> |  |
| 8. DATE OF BIRTH <b>March 27, 1875</b>   |  | 9. AGE (In years last birthday) <b>79</b> |  | 10. IF UNDER 1 YEAR Months Days                                       |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  | 13. IF UNDER 1 YEAR Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired; Cashier-Mermod-Jaccard &amp; King.</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY         |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>           |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <b>Alvin Engler.</b>                                     |  | 13b. MOTHER'S MAIDEN NAME <b>Johanna</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Lulu Leschen Engler.</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b>      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. E.H. Engler; 7749 Kingsbury Blvd ;</b> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic heart disease</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hrs</b><br><br><b>5 yrs</b><br><br><b>10 yrs</b> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>4200</b>  |  | 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 **Sept 1952, 19**, to **24 March, 1954**, that I last saw the deceased alive on **30 May, 1957**, and that death occurred at **3:04 a.m.**, from the causes and on the date stated above.

|   |  |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| 23a. SIGNATURE <b>Frank T. Roue</b> (Degree or title) <b>MD</b> |  | 23b. ADDRESS <b>3920 Washington</b> |  | 23c. DATE SIGNED <b>5/24/54</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>        |  | 24b. DATE <b>5/26/1954</b>          |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>         |  |
|   |  |                                     |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>5/24/54</b> |  | REGISTRAR'S SIGNATURE <b>Heather B. Stenke</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. LUPTON &amp; SONS, 7233 DELMAR BLVD.,</b> |  |
|---|--|--|--|--|--|

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

**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.....  
*Arnold W. Schoene*

Licensed Embalmer No. *386*

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.