FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18212

BIRTH NO. 21648-55 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (in this place): 5 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: WARREN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BRIDGEPORT TWP
d. STREET ADDRESS (If rural, give location): 6 mi. E of McKITTRICK 1 1090

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGIANN
b. (Middle): MARIE
c. (Last): ENGEMANN

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: APRIL-18-1955
9. AGE (In years last birthday): If under 1 year: Months 2 Days 8; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): WASHINGTON Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOS. ENGEMANN JR
13b. MOTHER'S MAIDEN NAME: GERALDINE GOSEN
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JOS ENGEMANN JR
ADDRESS: McKITTRICK Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia — 2 wks.
DUE TO (c): Rhinorrhea — 4 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prematurity 3403

19a. DATE OF OPERATION: 6/24/55
19b. MAJOR FINDINGS OF OPERATION: Spinal tap - Spinal fluid culture - Meningitis
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1955, *to* June 26, 1955, *that I last saw the deceased alive on* June 25, 1955, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John B Ryan MD
23b. ADDRESS: Hermann Mo
23c. DATE SIGNED: 6-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-29-55
24c. NAME OF CEMETERY OR CREMATORY: ST. ANTHONY CEMETERY
24d. LOCATION (City, town, or county): R7A McKITTRICK (State): Mo

DATE REC'D BY LOCAL REG.: 6/29/55
REGISTRAR'S SIGNATURE: F. L. Heidmann by F. L. Heidmann Jr. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H Launer
ADDRESS: Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 3160

P. O. Address Hermann Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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