

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20006

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5281**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY St. Louis,			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Webster Groves, ⁶⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Baptist Hospital.		e. STREET ADDRESS (If rural, give location) #605 Deerhurst. ⁴⁶⁰¹			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR			b. (Middle) CHARLES		c. (Last) ENGEL.
4. DATE OF DEATH (Month) (Day) (Year) June 17, 1955.		5. SEX Male.		6. COLOR OR RACE white.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced. ³		8. DATE OF BIRTH June 28, 1892		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist..		10b. KIND OF BUSINESS OR INDUSTRY self employed.		11. BIRTHPLACE (City and State or Foreign Country) Prairietown, Illinois. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Engel		13b. MOTHER'S MAIDEN NAME Mary Engelke.	
14. NAME OF HUSBAND OR WIFE Jean Celeste Engel.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. none.	
17. INFORMANT'S SIGNATURE OR NAME Arthur L. Engel.		ADDRESS 21 Oakwood Acres. Fenton.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial periparation		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) following coronary	
DUE TO (c) occlusion & infarct.		II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Multiple sclerosis	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from 1940, to 6-17, 1955, that I last saw the deceased alive on 6-17, 1955, and that death occurred at 11:45 a. m., from the causes and on the date stated above.			
23a. SIGNATURE Earl R. Rice (Degree or title) M. II		23b. ADDRESS 1736 E. W. York Bldg.		23c. DATE SIGNED 6-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal..		24b. DATE June 20, 1955.		24c. NAME OF CEMETERY OR CREMATORY Prairietown, Illinois.	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JUN 18 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons,		ADDRESS #7233 Delmar Blv'd.,			

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..