

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27635

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7315**

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL, and give town(ship)) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	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>1M 22da</b>		e. STREET ADDRESS (If rural, give location) <b>9353 S. Broadway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophie</b> b. (Middle) _____ c. (Last) <b>Engelkenjohn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8/ 22/1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>2/25/1868</b>		9. AGE (In years last birthday) <b>87</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>	
13a. FATHER'S NAME <b>Mr. Meyer</b>			13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>FRED ENGELKENJOHN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chronic Hospital, 5600 Arsenal</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Disease</b>		5+ years	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
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 <b>443 X</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 **6/30**, 19**55**, to **8/22**, 19**55**, that I last saw the deceased alive on **8/22**, 19**55**, and that death occurred at **6:58A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George M. Tanaka, M.D.** 23b. ADDRESS **5600 Arsenal** 23c. DATE SIGNED **Aug. 22, 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **AUG. 24 1955** 24c. NAME OF CEMETERY OR CREMATORY **LAUREL HILL** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **AUG 22 1955** REGISTRAR'S SIGNATURE **Charles Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Lutis 2906 Gravois**

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 *Samuel C. Hill* .....  
Licensed Embalmer No. 434  
P. O. Address 2506 *St. ...*

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.