

XC # 1517 15 21

REG # 14823

SL # 9176

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956 318

10675 State File No.

2374 Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		State File No. 10675		Registrar's No. 2374				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.			c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				e. STREET ADDRESS (If rural, give location) 21 2211 DICKSON		2219						
3. NAME OF DECEASED (Type or Print) HERMAN			a. (First)		b. (Middle)		c. (Last) ENGELMEIER		4. DATE OF DEATH (Month) (Day) (Year) 3-6-56			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10-26-92		9. AGE (In years last birthday) 63		# UNDER 1 YEAR Months	# UNDER 2 Hrs. Hours	# UNDER 2 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) GERMANTOWN, ILLINOIS			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME BERNARD ENGELMEIER				13b. MOTHER'S MAIDEN NAME ELIZABETH DIESTEL			14. NAME OF HUSBAND OR WIFE JOY ENGELMEIER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES			16. SOCIAL SECURITY NO. WW I 492-03-4060		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA RIGHT TONSIL WITH METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 2 YEARS	
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)			145x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 3-5-56, 19, to 3-6-56, 19, and that death occurred at 7:50 P.m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) D. G. RUMER M. D.					23b. ADDRESS VAH, ST. LOUIS, MISSOURI			23c. DATE SIGNED 3-6-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-9-1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery			24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.					
DATE REC'D BY LOCAL REG. MAR 7 1956		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F. H., Inc. 2301 Lafayette							

(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.....
Signature of Student Embalmer

Signed..... *James R. Chapman*
Licensed Embalmer No. *4*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.