

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44950**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2867**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. LENGTH OF STAY (In this place) 4 months		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Sullivan Nursing Home			e. STREET ADDRESS (If rural, give location) 5755 Roosevelt Pl.		
3. NAME OF DECEASED (Type or Print) a. (First) Ida		b. (Middle) D;		c. (Last) Engelke	
4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1956		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 10 1874		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 12 HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fredrick Wolters		13b. MOTHER'S MAIDEN NAME Fredricka Benholt	
14. NAME OF HUSBAND OR WIFE George Engelke		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. 488 40 0088B	
17. INFORMANT'S SIGNATURE OR NAME George Engelke		ADDRESS 5755 Roosevelt Pl.			
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) Cerebral thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular disease with old left hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 332X 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)		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 Aug 10, 1956 , to Dec 4, 1956 , that I last saw the deceased alive on Dec 3, 1956 , and that death occurred at 7:40 AM , from the causes and on the date stated above.					
23a. SIGNATURE Lewis Littmann MD			23b. ADDRESS 8231 Clayton Rd		23c. DATE SIGNED 12/4/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/7/56		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. St. Louis Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary 5967 W. Florissant			
DATE REC'D BY LOCAL REG. 12-5-56		REGISTRAR'S SIGNATURE Hebecl R. Rombe MD		ADDRESS Buchholz Mortuary 5967 W. Florissant	

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 *Walter J. Buckley*.....
4551

Licensed Embalmer No.....

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.