

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57.022486

FILED JUL 11 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6092

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)			
<u>01</u> <u>265 North Union</u>		<u>01210</u> <u>265 North Union</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)	
<u>ELIZA</u>		<u>ROSBOROUGH</u>		<u>ENGEL</u>	
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
<u>June 30th, 1957</u>		<u>Female</u>		<u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
<u>Widowed</u>		<u>Aug. 6, 1871</u>		<u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<u>Housewife</u>		<u>At Home</u>		<u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
<u>USA</u>		<u>Major Rosborough</u>		<u>Ellen Patton</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
<u>Louis A. Engel, dec'd.</u>		<u>No</u>		<u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	
<u>Miss Eleanor Engel 265 N. Union</u>		Enter only one cause per line for (a), (b), and (c)		<u>Yes</u>	
MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Arteriosclerosis, generalized</u>	
ANTECEDENT CAUSES		DUE TO (b)		DUE TO (c)	
Morbid 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.		<u>450.0</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u>	
<u></u>		<u></u>		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)	
<u></u>		<u></u>		<u></u>	
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?	
<u></u>		<u></u>		<u></u>	
22. I hereby certify that I attended the deceased from <u>July 19, 1957</u> , to <u>6-30, 1957</u> , that I last saw the deceased alive on <u>6-28, 1957</u> , and that death occurred at <u>1 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>[Signature]</u>		<u>5720 Washington</u>		<u>7/1/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<u>Removal</u>		<u>7/1/57</u>		<u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>St. Louis County, Missouri</u>		<u>[Signature]</u>		<u>C. R. Lupton & Sons 7233 Delmar Bl.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Henry W. Noller
3720 Washington or
2438 Woodson Road / O. 30 76 / 200
JE. 3-8498 or
HA. 9-0256 or
HA. 7-3933

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 *Clarence H. Murray*.....

Licensed Embalmer No. *40*.....

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.