

Health,  
Welfare  
Public  
Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
8535

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 8535

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN Owensville,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) Franklin St.	
3. NAME OF DECEASED (Type or print) First Paul Middle Engelbrecht Last		4. DATE OF DEATH Month Day Year Sept. 10, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 24, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) Rose Bud, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Engelbrecht		13b. MOTHER'S MAIDEN NAME Anna Biermann	
14. NAME OF HUSBAND OR WIFE Selma Engelbrecht		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Raymond Engelbrecht, Bay, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage- Right Internal Capsule DUE TO (b) Arteriosclerotic Vascular Disease DUE TO (c) 331-X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Pneumonia- Left lower lobe-			INTERVAL BETWEEN ONSET AND DEATH 18 mons 10 Yrs.?
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-13-56 to 9-10-57 and last saw her/him alive on 9-10-57 Death occurred at 5:30PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Mueller MD		22b. ADDRESS 634 N. Grand, 3	
22c. DATE SIGNED 9/11/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE: 9-10-57		23c. NAME OF CEMETERY OR CREMATORY. Local	
23d. LOCATION (City, town, or county) Owensville, Missouri.		23e. (State)	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,		25. DATE RECD. BY LOCAL REG. SEP 11 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD		27. (State)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

NOV 5 1957

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 Elmer P. Radinell

Licensed Embalmer No. 4077  
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.