

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42322

State File No. \_\_\_\_\_  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11608

FILED DEC 10 1957

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

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>26 3508 N 9th ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERT A K ENGELBERT</u> b. (Middle) <u>MARSEILER</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</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 dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Robert A. Bell</u> ADDRESS <u>4557 Varreman Ave</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>420.0</u> 2. OTHER SIGNIFICANT CONDITIONS* (b) <u>Pericardial Effusion, Cirrhosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>? 1 month</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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>ST. Louis MISSOURI</u>	
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 <u>11/23</u> , 19 <u>57</u> , to <u>11/29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11/29</u> , 19 <u>57</u> , and that death occurred at <u>10:50 p.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John Budd Jr., M.D.</u>		23b. ADDRESS <u>9929 MANCHESTER Road.</u>	
23c. DATE SIGNED <u>11/29/57</u>		24a. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	
24b. DATE <u>12-5-1957</u>		24c. LOCATION (City, town, or county) (State) <u>7901 Gravois Ave. Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u> ADDRESS <u>6409 Gravois Ave</u>		DATE REC'D BY LOCAL REG. <u>DEC 3 57</u>	

mfb (Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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 this body is not embalmed, fact should be so stated above.