

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045616
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **11915**

FILED JAN 12 1959

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hosp.		Length of stay in Ib years 04 1/2	
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH D. ENGLER		4. DATE OF DEATH Month Day Year Dec. 10, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		100. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) Belleville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Dombeck		14. MOTHER'S MAIDEN NAME not known	
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. none	
17. INFORMANT David Barbeau, Florissant, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Arteriosclerosis DUE TO (c) 4221 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			INTERVAL BETWEEN ONSET AND DEATH
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 WORK <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 11:30 a.m. to 1:30 p.m. and last saw her/him alive on 12-11-58 . Death occurred at 1300 Clark on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly (Degree or Title) Deputy		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 12-11-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Dec. 13, 1958	
23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cem.		23d. LOCATION (City, town, or county) (State) Belleville, Illinois	
24. FUNERAL DIRECTOR M. J. Croghan, 7146 Manchester Ave.		25. DATE REG. BY LOCAL REG. DEC 11 '58	
26. REGISTRAR'S SIGNATURE Paul Smith			

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Herbert J. Cox, Jr.*.....

Licensed Embalmer No. *489*

P. O. Address *Kirkwood*

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.