

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002908
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar 2 No. 973

1. PLACE OF DEATH (Type or print)

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital Length of stay in 1b 26 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Webster Groves Inside Limits Yes No 4617

d. STREET ADDRESS (If outside, give location) 65 N. Frisco Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First Louis Middle G. Last Engler

4. DATE OF DEATH Month Jan. Day 27 Year 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED 8. DATE OF BIRTH Sept. 10, 1888 9. AGE (In years last birthday) 70 10. FUNDER 1 YEAR Months _____ Days _____ 11. IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug Clerk 10b. KIND OF BUSINESS OR INDUSTRY Kaegel Drug Co. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Engler 13b. MOTHER'S MAIDEN NAME Mary Schmidt 14. NAME OF HUSBAND OR WIFE Anna Steinmann Engler

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. 493-38-2760 17. INFORMANT Warren Engler Address 453 Wilcox Kirkwood Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis of basilar artery with infarct of cerebellum INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardio-vascular disease many years.

DUE TO (c) 443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 19. WAS AUTOPSY PERFORMED? / YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month _____ Day _____ Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Jan 23, 1959 to Jan 27, 1959 and last saw him alive on Jan. 27, 1959. Death occurred at 715 P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James B. Jones, M.D. (Degree or title) 22b. ADDRESS 337 W Lockwood Ave Webster Groves 19 Mo. 22c. DATE SIGNED Jan 28, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-29, 59 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

24. FUNERAL DIRECTOR Mittelberg Funeral Home ADDRESS Webster Groves, Mo. 25. DATE RECD. BY LOCAL REG. JAN 28 '59 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *John S. Denne*

Licensed Embalmer No. *4194*
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.