

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025455

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 377 Primary Registration District No. 500 Registrar's No. 1791

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
14013						
24013						
3						
4 1						
5 2						
6						
7 0						
8 0						
9592X						
10						
11						
12 90-0						
13						
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ					

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant		Length of stay in 1b 2 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1960 Flamingo Dr		d. STREET ADDRESS (If outside, give location) 1960 Flamingo Dr	
3. NAME OF DECEASED (Type or print) First LILLIAN Middle ENGELHARDT Last ENGELHARDT		4. DATE OF DEATH Month June Day 13 Year 1962	
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 9/26/1882
9. AGE (last birthday) 79 years		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Herman Kobusch		13b. MOTHER'S MAIDEN NAME Louise Brinkmeyer	
14. NAME OF HUSBAND OR WIFE David Engelhardt		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. ---		17. INFORMANT Esther Gasperson - 1960 Flamingo Dr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio circulatory insufficiency Chronic glomerulonephritis c Hypertension + Vemica -			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 --- a.m. --- p.m. --- Month, Day, Year April 14 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Florissant COUNTY Missouri STATE Missouri
21. I attended the deceased from April 14 1962 to April 14 1962 and last saw her/him alive on April 14 1962 . Death occurred at 1960 Flamingo Dr on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Enlo Rep (Degree or title) MD		22b. ADDRESS 5074 Vista -	22c. DATE SIGNED 6.15.62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 16, 1962	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant, Ave. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-15-62	26. REGISTRAR'S SIGNATURE John B. Murphy MD

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 Rolph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.