

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5389  
Do not use this space.

1. PLACE OF DEATH Saint Louis Maternity Hospital 791  
 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... 1002 Registered No. 2034  
 (c) City Saint Louis, Missouri Street No. 630 South Kingshighway Blvd. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Engelhardt, Infant Boy 5 2 1/2  
 (a) Residence, No. 23 Miller Place St. NR Ferguson, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

FATHER 13. NAME Engelhardt, Lloyd Frederick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sioux Falls, S. Dak.  
 MOTHER 15. MAIDEN NAME Eades, Dorcas Drucilla  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferguson, Missouri

17. INFORMANT (ADDRESS) Lloyd F. Engelhardt  
23 Miller Place  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 2-18-38  
 19. FUNERAL DIRECTOR (ADDRESS) Department of Pathology  
Washington University  
J. F. Bredeck  
 20. FILED FEB 26 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him..... alive on..... 6 50 2 Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Stillborn  
37 weeks  
Eclampsia  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19\_\_\_\_  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) John G. Hobbs, M. D.  
 (Address) 630 S. Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**