

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16595
Do Not Use This Space.
Registered No. 4456

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003

(d) Street No. Bethesda Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 21 N. Boyle St. 19
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul Max Polke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22, 1880</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>2</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
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).....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Afton Missouri</u>		
13. NAME <u>Joseph Englehardt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Paul Max Polke 21 N. Boyle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>5/16/38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Edith E. Ambruster 4234 Manchester</u>		
20. FILED <u>MAY 15 1938</u> <u>J. F. Bredbeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14/38 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to May 13, 1938
I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 12.48 P. M.
The principal cause of death and related causes of importance were as follows:
Cancer of liver and pancreas, Primary seat. Date of onset

Other contributory causes of importance: H6F

Name of operation Exploration of abdomen Date of May 9, 1938
What test confirmed diagnosis? Operation Was there an autopsy? No

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? No
If so, specify Roland Hill, M. D.
(Address) 4660 Maryland Ave
St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Florenz Eynck

Licensed Embalmer No. 1284

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.)