REC'D APR 12 1939

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

8506
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township Primary Registration District No. 1003 Registered No. 2271

(c) City St. Louis Mo. 1 (d) Street No. 3512 N. Prairie 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 5214 Nellie Engelskind.

(a) Residence, No. 3512 North Prairie Ave., St. 10
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Otto Engelskind

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17, 1885

7. AGE: YEARS 43 MONTHS 3 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at home
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): Victor, Missouri.

FATHER
13. NAME: Wm Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown 19

MOTHER
15. MAIDEN NAME: unknown 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown 9

17. INFORMANT (ADDRESS): Otto Engelskind 3512 No. Prairie 9

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla DATE: Mar. 11 1939

19. FUNERAL DIRECTOR (ADDRESS): A. Kron L & U Co. 2707 N. Grand Bl.

20. FILED MAR 9 1939 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1938, to March 8th, 1939.
I last saw her alive on 3-7-39 5.45 p.m. 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:

Pseudo Mixoma of Abdominal Viscera (Carcinoma)
Originated in Rt. Ovary and appendix
all Abdominal Viscera involved later.

Other contributory causes of importance:
Primary seat in both Ovary and appendix

Date of onset

Name of operation: Laparotomy for Biopsy Date of 6-2-38
What test confirmed diagnosis? Tissue Section 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 natural cause
(Signed) Scott Xerner M.D., M. D.
(Address) 634 N Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul P. Knollenberg, Licensed Embalmer No. 2631

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 Paul P. Knollenberg

Licensed Embalmer No. 2631

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.)