

30 NOV 13 1939 791
Registration District No. 1002

Primary Registration District No. _____

Registrar's No. _____

8684

1. PLACE OF DEATH:

(a) County 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5443 Ruskin Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Birth
 years, months or days)

3. (a) PRINT FULL NAME Edward W. Engel 5243. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widower6. (b) Name of husband or wife Annie Engel 6. (c) Age of husband or wife if alive Deceased years7. Birth date of deceased Nov. 2, 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 11 7 hr. min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Letter Carrier

11. Industry or business

12. Name John Engel 613. Birthplace Germany 6
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. William Schrempf(b) Address 5443 Ruskin Ave17. (a) Cremation (b) Date thereof 10-12-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missouri Crematory18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) OCT 11 1939 (b) J. B. Brudick
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 7
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5443 Ruskin Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1939 hour 2:45 PM minute _____ M.21. I hereby certify that I attended the deceased from SEPT 25th, 1939, to OCT. 9th, 1939.
that I last saw him alive on OCT 9-, 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death.

CHRONIC MYOCARDITIS

Duration

unableto say.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Peter A. Eck, M.D. (M. D. or other) 1
Address 4701 St. Louis Ave. Date signed 10-12-39

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

William M. Bushby

Licensed Embalmer No.

2110

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 this body is not embalmed, above space should be left blank.