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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 109

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 109

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 1417

(d) Street No. 5319 Delor (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edwin J. Engel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iva

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased September 10, 1906 (Month) (Day) (Year)

8. AGE: Years 34 | Months 3 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Police Officer

11. Industry or business

FATHER
12. Name Nicholas E. Engel
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Marguerite Doering
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mrs Iva Engel

(b) Address 5319 Delor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa Yuill

19. (a) JAN 6 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1941 hour one minute A. M.

21. I hereby certify that I attended the deceased from 12/19/40, 19__, to 1/5/41, 19__; that I last saw him alive on 1/4/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Vegetative Endocarditis - Multiple thromboses - Phlebitis

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature V. J. Meinhardt (M. D. or other) MD

Address Landell Invest Bldg Date signed 1/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address 3747 Dunn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.