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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8820

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2230

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis, Missouri.

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Dr. Oscar R. Engelmann,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased April 9th, 1884.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Unknown 0 Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician.

11. Industry or business \_\_\_\_\_

12. Name Edward H. Engelmann

13. Birthplace Unknown 0 Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Firmenstein

15. Birthplace Unknown 0 Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward H. Engelmann

(b) Address 3535 Wyoming Street.

17. (a) Burial (b) Date thereof March 11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenfuss Bros.  
(b) Address 2623 Cherokee Street.

19. (a) MAR 10 1941 (b) J. J. Medek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 00016

(c) City or town Saint Louis, 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 3535 Wyoming Street. 9  
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.  
year 1941. hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 21  
1941, to March 8, 1941;  
that I last saw h. alive on March 7, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Insufficiency

Due to Cirrhosis of Liver

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. J. Medek (M. D. or other) \_\_\_\_\_  
Address 207 Beaumont Hwy Date signed 3/10/41

**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

*W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

**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, fact should be so stated above.**