No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40705

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10479

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3446 Hawthorne Blvd., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether yrs, months or days)
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3446 Hawthorne Blvd., (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Engelsmann,
3. (b) If veteran, name war None
3. (c) Social Security No. 491-14-5574
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice M. Engelsmann
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 13, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	18	hr. min.

9. Birthplace Washington, D. C. (City, town, or county) (State or foreign country)
10. Usual occupation Pres't Missouri Belting Co.
11. Industry or business Machinery Belting
FATHER 12. Name Franz L. Engelsmann,
13. Birthplace Kreuznach, Germany, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Katherine Drach,
15. Birthplace Kreuznach, Germany, (City, town, or county) (State or foreign country)
16. (a) Informant Leo Engelsmann
(b) Address 1021 S. Grand Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Wagoner Und. Co.,
(b) Address 3621 Olive St.
19. (a) DEC 31 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st year 1941 hour 4-am minute a M.
21. I hereby certify that I attended the deceased from Jany 1st 1938, 1938, to Dec 31 1941; that I last saw him alive on Dec 26th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis - Bronchitis	1 yr
Due to Myocardial Contriction	
Due to	
Other conditions (Include pregnancy within 3 months of death) Paralysis Agitans for past 20 years	

Major findings:
Of operations N.O.
Of autopsy N.O.

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) N.O.
(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
23. Signature A. H. Hamel (M. D.)
Address 1460 So Grand Ave. Date signed 12/31/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted] by Robert T. Langston, Registered Apprentice No. 259 working under my personal supervision.

Signed Neville B. Grohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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

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