

DEC 31 1941

State File No.

Registration District No. 760A

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Plum Hill, Rural, Ill
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 years
In this community 29 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Plum Hill, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Herman Engelmeier
3. (b) If veteran name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec year 1941 hour 8 minute 23 M.
21. I hereby certify that I attended the deceased from June 1941 to 11/30 1941
that I last saw him alive on 11/30 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosalie 6. (c) Age of husband or wife if alive 68 years (Day) (Year)
7. Birth date of deceased March 4 1878
(Month) (Day) (Year)

Immediate cause of death Carcinomatosis
Due to (Primary in Rectum)
Due to

8. AGE: Years Months Days If less than one day
63 8 28 hr. min.
9. Birthplace Portage, Wisconsin Mo U
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 52a
Major findings: Of operations

10. Usual occupation farmer
11. Industry or business

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

MOTHER FATHER
12. Name Joseph Engelmeier
13. Birthplace Southey, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Michael
15. Birthplace Mo, U
(City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Engelmeier
(b) Address Plum Hill, Mo
17. (a) Burial (b) Date thereof Dec 6 - 41
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)
(c) Place: burial or cremation Plum Hill, Mo
18. (a) Signature of funeral director Wentzels
(b) Address Wentzels, Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

Of autopsy

23. Signature H.C. Mc Murray M. D. or other 710
Address Wentzels, Mo Date signed 12/24/41

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

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.....

Licensed Embalmer No. 274

P. O. Address.....

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

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

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1-41
29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42829

Registration District No. 760A

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Joseph H. Engelmeier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 4 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 10 (if less than one day) _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-13-41 (b) Gertrude S. Forister
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-42829