

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3393

State File No. 72

Registrar's No. 4756

Primary Registration District No. 111

FILED FEB 10 1943 84
Registration District No. 111

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

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town St. Louis R. 11
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 132 E. Felton, Lemay Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Helen G. Engel.

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-10-5405

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William A. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 18, 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph Reiser,

13. Birthplace Maxwell, Mo. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Arnold,

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

16. (a) Informant Mr. W. A. Engel,

(b) Address 132 E. Felton, Lemay Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43
(Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cemetery
Oscar J. Hoffmeister

18. (a) Signature of funeral director _____

(b) Address 4016 Chippewa

19. (a) JAN 14 1943 (b) G.S. McGarron
(Registrar's signature) D.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1943 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-5-43 to 1-9-43 that I last saw her alive on 1-9-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

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

(Specify type of place)

While at work _____ (Means of injury) _____

23. Signature Charles Ebers (M. D. or other) M.D.

Address 7602 S. B. Hwy Date signed 1-12-43

10-12-40

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. Spillars
Licensed Embalmer No. 4080
P. O. Address 3747 Dunning

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.