

Registration District No. 317

Primary Registration District No. 3070

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
137 St. George Pl.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
 (d) Street No. 137 St. George Pl.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Dorothea M. Engel
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 5
 year 1944 hour 6:35 minute P M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept. 28 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from for - about 15 yrs, 19____ to _____, 19____;
 that I last saw him alive on March 4, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 7
 If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic myocardial
Dilation

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

Due to arterial infarction of the
65 years

10. Usual occupation: Housekeeper

Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name: George Engel
 13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name: Wilhemina Schieble
 15. Birthplace: Unknown Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations: _____
 Of autopsy: 93d
 Underline the cause to which death should be charged statistically.

16. (a) Informant: George F. Kare
 (b) Address: 137 St. George Pl.
 17. (a) Burial (b) Date thereof: 3-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

18. (a) Signature of funeral director: Albert H. Hoppe
 (b) Address: 4700 Washington Blvd.
 19. (a) MAR 7 - 1944 (b) E. J. McHarran, MD
(Date received local registrar) (Registrar's signature)

While at work? _____
 (e) Means of injury: D
 23. Signature: C. L. (unintelligible) (M. D. or other) MD
 Address: 3529 (unintelligible) Date signed: 3-6-44

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

John Gonoski

Licensed Embalmer No. *3398*

P. O. Address.....

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.