S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15044

Registration District No. 318 Primary Registration District No. 10 Registrar's No. 4091

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six days (Specify whether
In this community Six days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural Allenton R.R.-1.
(If outside city or town limits, write "RURAL")
(d) Street No. Antire Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Engler
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Brown Engler
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased July 28 (Month) 1880 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	8	~~15~~ 17	hr. min.

9. Birthplace ? (City, town, or county) Germany (State or foreign country)
10. Usual occupation Care taker
11. Industry or business St. Stevens Of The Hills
FATHER
12. Name Unknown
13. Birthplace ? (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Elizabeth Mundt
15. Birthplace ? (City, town, or county) Germany (State or foreign country)
16. (a) Informant Wm. Engler
(b) Address 6800 Wise, St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Allen Cem. Allenton Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo.
19. (a) APR 21 1947 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day ~~13~~ 15 year 1947 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from 4-9-47, 19, to 4-15-47, 19; that I last saw him alive on 4-15-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 days
Due to	
Due to	

Other conditions Strangulated (Include pregnancy within 3 months of death) umbilical hernia
Major findings: Of operations Repair Strangulated umbilical hernia
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)
(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 0
23. Signature James R Meador (M. D. or other)
Address 2 Central Clayton Mo Date signed 4-16-47

(Licensed Embalmer's Statement on Reverse Side)

4091

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.