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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22196**

FILED JUN 23 1947  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **5754**

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

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Barnes Hospital,  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 days  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days) Alfred Norman Engle.

3. (a) PRINT FULL NAME Alfred Norman Engle  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 492-01-3825

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Helen Lukins Engle.  
 6. (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased Sept. 20 1881  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 66 8 20 hr. min.

9. Birthplace Haines Port, N.J.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Owner;

11. Industry or business John Harvey Leather Co.,

12. Name Joseph Engle.

13. Birthplace Haines Port, N. J.  
 (City, town, or county) (State or foreign country)

14. Maiden name Hannah Davis Hollinshead.

15. Birthplace Hartford, N. J.  
 (City, town, or county) (State or foreign country)

Informant W.T. Engle.  
 Address # 33 Deerfield Road.

16. Entombment (a) \_\_\_\_\_ (b) Date thereof 6-13-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Oak Grove Mausoleum.

(a) Signature of funeral director C.R. Lupton & Sons  
 Address 7233 Delmar

19. (a) JUN 11 1947 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 400 Miriam  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
 year 1947 hour 9 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from May 27  
1947 to 6-10-47 1947  
 that I last saw him alive on 6-10-47 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Hodgkins disease  
 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 \_\_\_\_\_  
 23. Signature J.C. Bradley (M. D. number) \_\_\_\_\_  
 Address Barnes Hospital Date signed 6-11-47

JUL 1

1947

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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, Mo.

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo. }  
County of St. Louis, } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 16 day of June, 1947, before me appears .....

Helen Lukins Engle, who, upon her oath, states that the original record of ~~birth~~ death

for Alfred N. Engle, ~~born~~ <sup>died</sup> June 10, 1947, in the State of

Missouri, and which was filed at St. Louis County on 11, 1947, should be corrected as follows:

Item No. 7 should read Sept. 20 1881

Instead of Sept. 20 1880

Item No. 8 should read 65 years 8 months 20 days.

Instead of 66 years 8 months 20 days.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Helen Lukins Engle (wife) Relationship

4396 Lindell Blvd  
Present Address.

Subscribed and sworn to before me this 16<sup>th</sup> day of June, 1947.

My Commission expires 4/4/48. J. J. Rupton Notary Public.

Affidavits containing erasures will not be accepted, draw one line through error and write above it

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