S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10185

FILED MAR 25 1948

Registration District No. 510

Primary Registration District No. 1003

Registrar's No. 2698

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

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 Marion Hospital (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 Missouri (b) County St. Louis
(c) City or town Lemay 23 (If outside city or town limits, write "RURAL")
(d) Street No. Route 11-Box 156 (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Engler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Engler
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 18, 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation house wife
11. Industry or business at home
FATHER
12. Name Charles Lenhardt
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Henry Engler
(b) Address Lemay 23, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7429 Michigan Ave.
19. (a) MAR 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1948 hour 9 minute 00 A M.
21. I hereby certify that I attended the deceased from Jan 29, 1948, to 3-17, 1948 that I last saw her alive on 3-16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Charles Ehlers (M. D. or other) M.D.
Address 752 Lemay Ferry Date signed 3-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 V. E. Morris

Licensed Embalmer No. 3360

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.