

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17228

State File No. _____

1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 4554

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>3522 Magnolia Ave.</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) c. (Last) <u>Engler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 25, 1886</u>
9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Fred Engler</u>	
13b. MOTHER'S MAIDEN NAME <u>Maria B. Meinhardt</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Engler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-20-5499</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Earle</u>		ADDRESS <u>3522 Magnolia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma sigmoid, Prostate & bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recto-vaginal fistula</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> <u>2 mos.</u>	
19a. DATE OF OPERATION <u>5-7-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma large bowels & bladder</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Holt</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>153X</u>		22. I hereby certify that I attended the deceased from <u>3-25, 1949</u> , to <u>5-21, 1949</u> , that I last saw the deceased alive on <u>5-21, 1949</u> , and that death occurred at <u>5.03P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Joseph P. Bernauer M.D.</u>		23b. ADDRESS <u>1205 No. Grand</u>	
23c. DATE SIGNED <u>5-23-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		DATE REC'D BY LOCAL REG. <u>MAY 23 1949</u>	
REGISTRAR'S SIGNATURE <u>J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cuklinane Bros.</u>	
ADDRESS <u>3320 N. Kingshighway</u>			

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Fred Frick*

Signed
Student Embalmer

Licensed Embalmer No. 3186

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.