

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **809**BIRTH NO. **6605-52** REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **20**

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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
c. LENGTH OF STAY (If this place) 1 day		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) George c. (Last) Engemann			4. DATE OF DEATH (Month) (Day) (Year) Feb 1 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 31-1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Joseph Engemann Jr		13b. MOTHER'S MAIDEN NAME Geraldine Gosen		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jos. Engemann Jr, Mc Kittrick, Mo	

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, asthenia; etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 31, 1952**, to **Feb 1, 1952**, that I last saw the deceased alive on **Feb 1, 1952**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John P. Ryan (Degree or title) MD		23b. ADDRESS Des Moines, Mo		23c. DATE SIGNED 2-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-52	24c. NAME OF CEMETERY OR CREMATORY St. Anthony Cemetery	24d. LOCATION (City, town, or county) Case	(State) Mo	
DATE REC'D BY LOCAL REG. Feb. 2, 1952	REGISTRAR'S SIGNATURE F. J. Heldmann	49-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugost J. Plummer Hermann, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.