

STANDARD CERTIFICATE OF DEATH

State File No. **2759**
 Registrar's No. **0220**

FILED JAN 26 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **100**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN ST. LOUIS 209D	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4901 N Broadway		f. STREET ADDRESS (If rural, give location) 4901 N. BROADWAY	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) ENGELKE c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JAN 6, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 12-5-1864
9. AGE (In years less birthday) 87	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Fred Engelke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Fred Engelke	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neurosis (Left Hemiplegia) INTERVAL BETWEEN ONSET AND DEATH 8 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis			
DUE TO (c)			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal damage	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X	
22. I hereby certify that I attended the deceased from Dec 29, 1951 , to Jan 6, 1952 , that I last saw the deceased alive on Jan 6, 1952 , and that death occurred at 6 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 8201 N Broadway	
23c. DATE SIGNED 1-8-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-10-52	24c. NAME OF CEMETERY OR CREMATORY Friedens Cem	24d. LOCATION (City, town, or county) (State) St Louis Co. Mo
DATE REC'D BY LOCAL REG. JAN 9 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE A. Russ Little 2707 N Grand	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.