No. 300
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FILED MAR 2 - 1953 59448

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5374

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington.
c. LENGTH OF STAY (in this place) 1 day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington 0362
d. STREET ADDRESS (If rural, give location) 410 Elm St.

3. NAME OF DECEASED (Type or Print) a. (First) Kathryn b. (Middle) Ann c. (Last) Engemann.

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24th, 1953.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Sept. 26th, 1952

9. AGE (In years last birthday) 0 — If under 1 year: Months 4, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.

10b. KIND OF BUSINESS OR INDUSTRY x

11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur L. Engemann.

13b. MOTHER'S MAIDEN NAME Joan M. Toben.

14. NAME OF HUSBAND OR WIFE x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) x

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Arthur L. Engemann ADDRESS Washington, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Bronchial) — INTERVAL BETWEEN ONSET AND DEATH: 13 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) "Cold" — 1 day

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral Palsy — 5 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 491X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1953, *to* 2-24, 1953, *that I last saw the deceased alive on* 2-24, 1953, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.

23b. ADDRESS 305 Elm Washington Mo

23c. DATE SIGNED 2-24, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 25, 1953.

24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery,

24d. LOCATION (City, town, or county) (State) Washington, Mo.

DATE REC'D BY LOCAL REG. Feb. 24, 1953

REGISTRAR'S SIGNATURE F. C. Hudmann by L. C. Hudmann [signature] 99-0

25. FUNERAL DIRECTOR'S SIGNATURE Nieburg & Vitt Inc. ADDRESS Washington, 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 Jerome F. Svoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.