

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37854

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2648

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN LADUE		c. CITY OR TOWN LADUE	
c. LENGTH OF STAY (in this place) 10 yrs		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 49 FAIR OAKS		e. STREET ADDRESS (If rural, give location) 49 Fair Oaks	
3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) Feeney c. (Last) ENGMAN, Sr.			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 20, 1868
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	11. BIRTHPLACE (City and State or Foreign Country) New Orleans, La.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Harry A. Engman.	
13b. MOTHER'S MAIDEN NAME Matilda Feeney.		14. NAME OF HUSBAND OR WIFE Louise Charlot Engman.	
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 Martin F. Engman, Jr.		ADDRESS Clayton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES arteriosclerosis 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. Bronchial asthma; Emphysema	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 4201	
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 <u>1950</u> , 19___, to <u>10/13/53</u> , 19___, that I last saw the deceased alive on <u>10/13</u> , 1953, and that death occurred at <u>A. A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Olmsted M.D.		23b. ADDRESS 3720 Washington St. Louis	
23c. DATE SIGNED 10/13/53		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-14-1953	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 10/13/53		REGISTRAR'S SIGNATURE Heberly B. Abente M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS 7233 Delmar Blvd;	

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.....
Signature of Student Embalmer

Signed Clarence H. Murray.....

Licensed Embalmer No. 4018.....

P. O. Address St. Louis.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.