

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33267

State File No. 5186

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3070 Registrar's No. 381

0160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Randol Twp.		c. CITY OR TOWN Rural Randol Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 35 Yrs		e. STREET ADDRESS (If rural, give location) Cape Girardeau R. R. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Girardeau R. R. 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) LOUISA	b. (Middle)	c. (Last) ENGELMANN	(Month) (Day) (Year) October 21, 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 9, 1862	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 12	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Stony Hill, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME George Krattle	13b. MOTHER'S MAIDEN NAME Dorothea Phillippi	14. NAME OF HUSBAND OR WIFE Charles J. Engelmann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Ates	ADDRESS Cape Gir., Mo. R. 1
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 month
	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)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anorexia & Anasarca			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION +500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10/1, 1954**, to **10/21, 1954**, that I last saw the deceased alive on **10/21, 1954**, and that death occurred at **3:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. L. Schrader (Degree or title) D.O.	23b. ADDRESS 285 Spanish St.	23c. DATE SIGNED 10/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Zoin Cemetery	24d. LOCATION (City, town, or county) (State) Old Appleton, Missouri
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DATE REC'D BY LOCAL REG 10-25-54	REGISTRAR'S SIGNATURE W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Walter Funeral Home	ADDRESS Cape Gir. Mo.
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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..

Student.....
Signature of Student Embalmer

Signed *Virgil H. Welch*.....

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.