

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32014**
8088

FILED SEP 26 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Saint Louis</u>		c. CITY OR TOWN <u>Saint Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		STREET ADDRESS (If rural, give location) <u>5626 Goethe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5626 Goethe</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>E</u> c. (Last) <u>Engelmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 31 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-23-1905</u>
9. AGE (in years last birthday) <u>51</u>		10. UNDER 1 YEAR Days <u>4</u>	11. UNDER 24 HRS. Hours <u>8</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor Transportation Monsand Ch Co</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gustave B Engelmann</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Jaeger</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladys Engelmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>329 10 9885</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys Engelmann</u>		ADDRESS <u>5626 Goethe, St. Louis, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMOTHORAX SPONTANEOUS LEFT</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 MIN.</u> ANTECEDENT CAUSES DUE TO (b) <u>EMPHYSEMA, OBSTRUCTIVE</u> <u>3 YEARS</u> DUE TO (c) <u>CHRONIC BRONCHITIS</u> <u>10 YEARS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROSIS, MODERATE</u> <u>? YEARS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>502.0</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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>FEBRUARY, 1952</u> , to <u>AUG 31, 1956</u> , that I last saw the deceased alive on <u>AUG 25, 1956</u> , and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert Street</u>		23b. ADDRESS <u>508 N. Grand St. Louis Mo</u>	
(Degree or title) <u>MD</u>		23c. DATE SIGNED <u>8/31/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park St Louis Co, Missouri</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>SEP 1 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister Colonial Mortuary</u>		ADDRESS <u>646 Chippewa Street, St. Louis, Missouri</u>	

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 *Will C. Branson*.....

Licensed Embalmer No. *476*

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.