

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38630

State File No. _____

FILED NOV 15 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2628

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>	c. CITY OR TOWN <u>46170</u> <u>WEBSTER GROVES</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>65 N FRISCO AVE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>65 N FRISCO AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>F</u>		c. (Last) <u>ENGLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 23 1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>5-7-1866</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR CAPE GIRARDEAU MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>FREDERICK SCHMIDT</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN FELLER</u>		14. NAME OF HUSBAND OR WIFE <u>PETER C ENGLER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis S Engler</u>		ADDRESS <u>65 N Frisco Webster Groves Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Pneumonitis</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> 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) <u>4200</u>
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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? _____
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22. I hereby certify that I attended the deceased from July 5, 1940, to Oct 23, 1957, that I last saw the deceased alive on Oct 18, 1957, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward M. Westrup</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>204 E. Big Bend</u>	23c. DATE SIGNED <u>10-23-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO, MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-23-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohoe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG</u> ADDRESS <u>FUNERAL HOME WEBSTER GROVES</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5373

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 *John J. Haines*.....
Licensed Embalmer No. *4108*.....
P. O. Address *Haines 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.