

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013232

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3402 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 28 1963

1. PLACE OF DEATH
 a. COUNTY Mo. b. COUNTY St. Louis
 c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b Lemay
 c. CITY OR TOWN Lemay Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 543 W. Hurck St. Reside on Farm Yes No

3. NAME OF DECEASED First John Middle Engels Last Engels 4. DATE OF DEATH Month Mar. Day 22 Year 1963

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 26, 1877 9. AGE (last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Zoo Attendant 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Zoo 11. BIRTHPLACE (City and state or country) Hungary 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Engels 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE Elsie Engels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of) 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address 868 Elsie Engels 543 W. Hurck

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident INTERVAL BETWEEN ONSET AND DEATH 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Cerebral arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY: STATE:

21: I attended the deceased from Feb 1963 to Mar 22, 1963 and last saw him alive on Mar 22, 1963. Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ernest F. Ortmeyer M.D. 22b. ADDRESS 1623 Telegraph Rd 22c. DATE SIGNED 3/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-25-1963 23c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem. 23d. LOCATION (City, town, or county) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Witt Mortuary 6409 Gravois 25. DATE REC'D. BY LOCAL REG. MAR 25 1963 26. REGISTRAR'S SIGNATURE Ed Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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USE BLACK INK OR TYPEWRITER RIBBON

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DR. L. E. Ortmeyer
2623 Telegraph Rd.

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 Yvan M. Szymura

Licensed Embalmer No. 4343

P. O. Address St. Louis, 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.