

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045410

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11925**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 12 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 400.64				
3				
4 0				
5 2				
6				
7 2				
8 2				
9				
10				
11				
12 96.0				
13				
86	SHOULD READ	BY AFFIDAVIT OF		
USE BLACK INK OR TYPEWRITER RIBBON				

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 days.	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1065 N. Hanley
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ENGEL		4. DATE OF DEATH Month Day Year Dec. 1, 1963	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/21/1879
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Jeweler	11. BIRTHPLACE (City and state or country) Russia
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE Millie	
13a. FATHER'S NAME Aaron Engel		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF DECEASED'S MOTHER Unk.		17. INFORMANT Carl Engel 849 Duke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF STOMACH		INTERVAL BETWEEN ONSET AND DEATH 10 MO'S	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PERNICIOUS ANEMIA		13 YEARS	
DUE TO (c) 151X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1961 to 1963 and last saw her/him alive on 12-1-63 . Death occurred at 730 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Madison E. Berger M.D.		22b. ADDRESS 4612 MARSH ST. ST. LOUIS 8	22c. DATE SIGNED 12-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 12/3/1963	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 cPherson		25. DATE RECD. BY LOCAL REG. DEC 3 1963	26. REGISTRAR'S SIGNATURE Mad Smith, M.D.

01150-011

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 *Jewis G. Gudberg*
Licensed Embalmer No. 4229

P. O. Address _____

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.