

JAN 10 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

43116

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City **St. Louis, Mo.**(d) Street No. **Lutheran Hospital**Registered No. **11366**

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Engelbrecht**

(a) Residence, No.....

St. **NR****Stony Hill, Mo.**

(Usual place of abode, if no street address, write county or city)

(If non-resident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWER</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lawline Engelbrecht</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 22 - 1861</b>		
7. AGE <b>76</b>	YEARS <b>50</b>	MONTHS <b>16</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Carpenter</b>		9. Industry or business in which work was done, as saw mill, bank, etc. <b>29</b>
10. Date deceased last worked at this occupation (month and year) <b>1730</b>		11. Total time (years) spent in this occupation <b>50 yrs</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>DRAKE MO.</b>		
13. NAME <b>CASPER ENGELBRECHT</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>GERMANY</b>		
15. MAIDEN NAME <b>MARY SCHLOMANN</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>GERMANY</b>		
17. INFORMANT (ADDRESS) <b>Erwin E. Engelbrecht, Stony Hill, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Louis, Mo.</b> DATE <b>12-10-1937</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Albert H. Hoppe Inc., 429 N. Euclid Avenue</b>		
20. FILED <b>DEC 10 1937</b> <b>J. H. Bredeck</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 8th 1937**22. I HEREBY CERTIFY, That I attended deceased from **Dec 3, 1937 to Dec 8, 1937**I last saw him alive on **Dec 6, 1937** Death is said to have occurred on the date stated above, at **9:30 A.M.**

The principal cause of death and related causes of importance were as follows:

**Right hemiplegia**  
**Results of cerebral hemorrhage**

Date of onset **Nov. 1 '37**

Other contributory causes of importance: **General arterial sclerosis 1935**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Paul B. Alfred**, M. D.(Address) **Beaumont, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.