

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Gasconade  
Township Boeuf  
or  
Village  
or  
City

Registration District No.

306

File No.

29145

Primary Registration District No.

5474

Registered No.

15

(NO.

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Henry Casper Engelbrecht

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Oct. 9

(Month)

(Day)

1897 (Year)

7 AGE

60 yrs. 10 mos. 22 ds.

If LESS than  
1 day, .... hrs.  
or .... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Boeuf Twp. Gasconade Co. Mo.

10 NAME OF FATHER

Casper Engelbrecht

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Germany

12 MAIDEN NAME OF MOTHER

Mary Schloman

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. E. Rick

(Address)

Rosebush, Mo.

15

Filed

Sept 5<sup>th</sup> 1918

Aufderheide

Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 1,

(Month)

(Day)

1918

(Year)

17 I HEREBY CERTIFY, that I attended deceased from

about March 1, 1914 to Sept 1, 1918

that I last saw him alive on Sept 1, 1918

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH\* was as follows

Paralysis from cerebral vasoplexy

82A

82B 64

(Duration) 4 yrs. 5 mos. 14 ds.

120B

CONTRIBUTORY Cholera morbus

(Secondary)

(Duration) — yrs. — mos. 2 ds.

(Signed) John Engelbrecht M. D.

Sept 3, 1918 (Address) Stanghille

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 36 yrs. 1 mos. — ds. In the State 60 yrs. 10 mos. 22 ds.

Where was disease contracted if not at place of death? at place of death

Former or usual residence Rosebush, Mo.

19 PLACE OF BURIAL OR REMOVAL

St. James cem

DATE OF BURIAL

Sept 1, 1918

20 UNDERTAKER

Rm. Hehlmann & Co. Reptur

ADDRESS