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

Do not use this space.

11363

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. St Anthony Hosp St. ..... Ward)

File No. .....

Registered No. 2891

2. FULL NAME Ernst Engelbrecht

(a) Residence. No. Bay Mo. St., 16 Ward. Bay Mo

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Amanda Engelbrecht

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 - 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	—	20	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Caspar Engelbrecht

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Dont know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany.

14. INFORMANT Amanda Engelbrecht

(Address) Bay. Mo.

15. FILED MAR 14 1928 Chas C Starkloff REGISTRAR

I MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 ,19 28, to March 13 ,19 28, that I last saw h. alive on March 13 ,19 28, and that death occurred, on the date stated above, at 9 - AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Sigmoid

H.C

(duration) ..... yrs. 4 mos. ..... da.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED Bay Mo

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF Feb 1- 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex

(Signed) R. J. Henry, M.D.

, 19 (Address) 2838 S Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bay. Mo.	Mar. 16 1928
20. UNDERTAKER Hy Leidner Und Co	ADDRESS 1417 N. Market St. Lo.

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.