S. No. 2
—9-4-41
. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

Registration District No. 117

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9606

Primary Registration District No. 3435

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Stonyhill, Mo. Boeuf Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
His Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Stonyhill, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. ----
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN ENGELBRECHT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~ married,

6. (b) Name of ~~husband~~ or wife Anna

6. (c) Age of ~~husband~~ or wife if alive 77 years

7. Birth date of deceased August (Month) 27 (Day) 1867 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1945 hour 7 minute 45A M.

21. I hereby certify that I attended the deceased from 3-11-45
19 to 3-15 19 45
that I last saw h~~im~~ alive on 3-15 19 45
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
77	6	18	hr. min.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

9. Birthplace Drake (City, town, or county) Mo (State or foreign country)

10. Usual occupation Dr. of Medicine

11. Industry or business

MOTHER FATHER

12. Name Casper Engelbrecht

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Anna Marie Schollmann

15. Birthplace (City, town, or county) Sweden (State or foreign country)

16. (a) Informant Erwin Engelbrecht

(b) Address Stonyhill, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. James Evan Cem.

18. (a) Signature of funeral director Herman Bloomer

(b) Address Boyer, Mo

19. (a) 3-16-45 (Date received local registrar) (b) Mrs F B Meyer (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Howard Workman (M. D. or other)

Address Hermann Mo Date signed 3/16-45

1262

(Licensed Embalmer's Statement on Reverse Side)