

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17924

State File No.

Registration District No. 306

Primary Registration District No. 5424

Registrar's No.

1. PLACE OF DEATH: Gasconade
(a) County Rural Boeuf
(b) City or town Boeuf
(c) Name of hospital or institution: Residence - 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution entire life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NILDA ANNA ENGELBRECHT
3. (b) If veteran, no name war. no
3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased FEB 20 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 11
If less than one day — hr. — min.

9. Birthplace Gasconade Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation nurse

11. Industry or business nursing

12. Name Dr. John Engelbrecht

13. Birthplace Gasconade Mo. 17
(City, town, or county) (State or foreign country)

14. Maiden name Anna Nickolaus

15. Birthplace Gasconade Mo. 17
(City, town, or county) (State or foreign country)

16. (a) Informant John Engelbrecht

(b) Address Boeuf, Mo

17. (a) Burial (b) Date thereof 6-3-42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation James Cemetery

18. (a) Signature of funeral director Hermon Blumner

(b) Address Boeuf, Mo

19. (a) June 2, 1942 (b) Mo. F. B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gasconade
(c) City or town Rural - Boeuf 31
(If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1942 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 11 - 1941 to May 31 1942
that I last saw her alive on May 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Fatigue compensation of chronic dilation of heart with interstitial nephritis
Due to —
Due to —

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations —

Of autopsy none

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? —

While at work? — (Specify type of place)

(e) Means of injury —

23. Signature John Engelbrecht (other) —

Address Boeuf, Mo Date signed 5-31-42

(Licensed Embalmer's Statement on Reverse Side)

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

7
0
0

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 _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Horace Blinner

Licensed Embalmer No. 528

P. O. Address Berger, Mo

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 this body is not embalmed, fact should be so stated above.