

DATE NO. 11968  
DISTRICT, HOME DIST.

CERTIFICATE OF DEATH  
MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.  
**319184**

1. FULL NAME *Clarence H. Engenroth*

Local File No. *2559*

PLACE OF DEATH  
County *Wayne*  
Township  
City *Detroit*  
Street  
Hospital *9753 76 Martindale*  
In this community *23*

USUAL RESIDENCE OF DECEASED  
County *Wayne*  
Township  
City or Village *Detroit*  
Street *9753 Martindale*  
In former foreign countries  
If so, name countries

Sex *Male* Race *White* Marital Status *Married*  
Wife

MEDICAL CERTIFICATION

Date of death *Feb. 21* 19*44*

Name *Esther* Age at death *43*  
Birth date of deceased *Nov 4, 1889*  
Age *54* Sex *3* Race *17*

I hereby certify that I attended the deceased from *Feb. 21* 19*44* to *Feb. 21* 19*44* I last saw him alive on *Feb. 21* 19*44* Death is said to have occurred on the date stated above at *7 P M* Duration  
Immediate cause of death

Birthplace *Mineral Pointe Wis*  
Usual occupation  
Industry or business *Detroit Housing Comm.*

*Coronary occlusion 1/2 hr.*

Other names *Herman Engenroth*  
Birthplace  
Maiden name  
Birthplace

Other contributory cause of importance

Informant *Mrs. Esther Engenroth*  
Address *97.53 76 Martindale*

Major findings and dates of operations

Place of interment (or removal) (State the ward which applies)  
*Woodmere Crematory*  
Date *2/25 1944*

(If autopsy)

General direction of signature *J. Sullivan*  
*Sullivan*

In case of violence, state if a crime is believed to have been committed

DATE *FEB 25 1944*

Where did injury occur

In industry, home or public place

Was disease or injury related to occupation of deceased

Signature

Address

*Chas Lewis, M.D.*  
*5050 Joy Rd.*