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

Do not use this space.

41539

File No. 12229

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 6300 Michigan St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Ende

(a) Residence. No. 6300 Michigan St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Ende.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	8	2	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Gotfried Ende

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER May Leidenbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Sadie Ende
(Address) 6300 Michigan

15. FILED DEC 31, 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Oct-3-, 1930 to Dec-29-, 1930, that I last saw him alive on Dec-28-, 1930 and that death occurred, on the date stated above, at 12:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
936 (duration) Don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) Don't know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 14901
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. S. Pruitt, M. D.

12-30, 1930 (Address) 6006 Virginia

*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
New Picker Cemetery	Dec. 31, 1930
20. UNDERTAKER Southern	ADDRESS 6320 S. Grand.

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD