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

Do not use this space.

11567

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 2768

City St. Louis, (No. 4333 Connecticut Street. St. ..... Ward)

2. FULL NAME Michael A. Endejan.

(a) Residence. No. 4333 Connecticut Street. St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1928.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	11	--	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.

(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) Mo.

PARENTS

10. NAME OF FATHER William Endejan.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carlinville, (STATE OR COUNTRY) Ills.

12. MAIDEN NAME OF MOTHER Charlotte Nansel.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kimmswick, (STATE OR COUNTRY) Mo.

14. INFORMANT Wm W Endejan (Address) 4333 Connecticut Street.

15. FILED ..... 19 Max C Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1931, to Mar 1st, 1931 that I last saw him alive on Mar 1st, 1931, and that death occurred, on the date stated above, at 6 00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Ptomain Poisoning from eating canned Spinach

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓ (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) Thos P Leonard M.D

, 19 (Address) 2726 A Cherokee

*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
SS. Peter & Paul Cemetery	Mar. 4, 1931.

20. UNDERTAKER	ADDRESS
J. H. Gebken L & U Co. 2642 Meramec.	

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.