

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

Do not use this space.

26993
17227

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **621 East Athlone**)

File No.
Registered No.
St. Ward)

2. FULL NAME

Mr. John Enders
(a) Residence, No. **621 East Athlone**, **9** Ward.

(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 **male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Margaret Enders** OR WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28 - 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 **2** **23**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Mechanic**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **United States**

FATHER 13. NAME **John Enders**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U. S.**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U. S.**

17. INFORMANT **Margaret Enders** (ADDRESS) **621 East Athlone**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cemetery** DATE **July 24, 1934**

19. UNDERTAKER **H. J. Lechner Und. Co** (ADDRESS) **1417 N. Market**

20. FILED **L 23 1934** **Joe J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **May**, 1934, to **July 21**, 1934

I last saw him alive on **July 21**, 1934. Death is said to have occurred on the date stated above, at **7** a. m.

The principal cause of death and related causes of importance were as follows:

Probable Carcinoma of Esophagus
450 **1 yr. ago**

Other contributory causes of importance:

440

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **R. Berg**, M. D.
(Address) **2253 Nebraska**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. **AUG 16 1934**

2253 Ave. B. 8288

6321 Albany, N.Y. 3067