

JAN 12 1940

Registration District No.

791

Primary Registration District No.

Registrar's No.

10861

1. PLACE OF DEATH:

(a) County 2
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3739 South Spring Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Esther Edith Enderling. 536

3. (b) If veteran, name war _____ 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 February 24th, 1937.
(Month) (Day) (Year)8. AGE: Years 2 Months 9 Days 25 If less than one day _____ hr. _____ min.9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William A. Enderling13. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)14. Maiden name Ida Haupt15. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm A. Enderling(b) Address 3739 South Spring Ave.17. (a) Burial (b) Date thereof Dec. 21st, 39.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park.18. (a) Signature of funeral director Ziegenhain Bros.(b) Address 20 1939 2623 Cherokee Street.19. (a) DEC 20 1939 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis, 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3739 South Spring Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th.
year 1939. hour 7 minute 31 A.M.21. I hereby certify that I attended the deceased from 12/17
1939 to 12/19 1939;
that I last saw her alive on 12/18 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to Broncho PneumoniaDue to scaryOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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 _____

28. Signature Charles C. Drace (M. D. or other) _____Address 3702 Gravois Date signed _____

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 _____

V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Chero

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.