

REG. DIST. NO. **194**  
Registration District No. **784**

Primary Registration District No. **116**

Registrar's No. **1386**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Valley Park  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 4 yrs. 10 days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 39-Forest Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th  
year 1940 hour 4 minute 13 A. M.

21. I hereby certify that I attended the deceased from June 8, 1940, to June 10, 1940  
that I last saw him alive on July 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Aspirin Poisoning Duration  
the form on record  
is equal to full and report  
Due to acute gastric enteritis

Due to \_\_\_\_\_  
Other conditions 120 B  
(include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature G. P. Knudt (M. D. or other) M. D.  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
Address Valley Park Date signed 7-26-40

3. (a) PRINT FULL NAME Frank Enders Jr. 536

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 28 1933  
(Month) (Day) (Year)

8. AGE: Years 6 Months 11 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Allenston Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business at home

12. Name Frank Enders  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Mary Brown  
15. Birthplace St. Clair Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anderson C. Jessor  
(b) Address 30-Forest Ave. Valley Park, Mo.

17. (a) REMOVAL (b) Date thereof July 28-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Prospect Cem. St. Clair, Mo.

18. (a) Signature of funeral director Harry Schrader  
(b) Address Baltimore, Mo.

19. (a) JUL 27 1940 (Date received local registrar)  
(b) H. R. Thompson (Registrar's signature)

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.

**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.....

*Geo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, T*

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

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