

7917

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 700a N. 3rd St.
(If rural, give location) 25
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Edward Enger

3. (b) If veteran, name war U.S. Navy. 3. (c) Social Security No. N493-01-9906

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Agnes Enger. 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Oct. 23. 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 24 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bill Distributor

11. Industry or business

MOTHER FATHER { 12. Name Edward Enger
18. Birthplace Berlin, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Weber.
15. Birthplace Elberfeldt, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Stord
(b) Address 4035a Grove St.

17. (a) Burial (b) Date thereof Dec. 20, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director James J. ...
(b) Address 1431 Union Blvd

19. (a) DEC 18 1940 (b) J. H. Stord
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17.
year 1940 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from November 30, 1940, to December 17, 1940, that I last saw him alive on December 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NY

Of autopsy _____

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 _____

23. Signature R. J. Maxwell (M. D. or other) 1
Address 1515 Lafayette Ave. Date signed 12/17/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

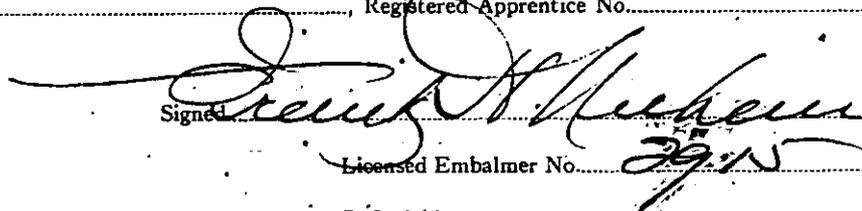
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.....

P. O. Address.....

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.