

FILED APR 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2895

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4123 Virginia 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)

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. 4123 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherina Enger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Frank A. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Anton Nager

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Kohle

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin A. Enger

(b) Address 5508 Goethe Ave.

17. (a) Burial (b) Date thereof Mar. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gebken, Son

(b) Address 2630 Gravois Ave.

19. (a) MAR 28 1944 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour _____ minute 4 P. M.

21. I hereby certify that I attended the deceased from 1-30-44
_____ 19____ to _____ 19____
that I last saw her alive on 3-26-44 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic cordis vasculum cerebral - renal deced
Duration _____

Due to _____

Due to 121 a

Other 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) _____
(a) Means of injury _____

23. Signature Wayne D. Gorb (M. D. or other) MD
Address 2225 N. Grand Date signed 3-28-44

WHILE FATHER USE GRADING BACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

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..... *Robert T. Gibben*

Licensed Embalmer No..... *4144*

P. O. Address..... *2630 Lewis*

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, fact should be so stated above.