

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31716
Registrar's No. 2051

FILED OCT 13 1944

Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
39 Broadview Drive Clayton Mo.
(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 St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL.")
(d) Street No 39 Broadview Drive Clayton Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John V. Enghausser

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

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

6. (b) Name of husband or wife Hazel 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 29 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 7 hr. _____ min.

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

10. Usual occupation President

11. Industry or business Enghausser Iron & Steel Co

12. Name Robert Enghausser

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

14. Maiden name Mary Bender

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

16. (a) Informant Mrs. Hazel Enghausser Wife

(b) Address 39 Broadview Drive Clayton Mo.

17. (a) Burial (b) Date thereof Oct 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Subset Burial Park

18. (a) Signature of funeral director Peetz Bros

(b) Address 3029 Lafayette Ave

19. (a) OCT 10 1944 (b) E. G. McHanan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1944 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 3/11 1944 to 10/6 1944
that I last saw him alive on 10/5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Due to Arteriosclerosis 3 yr

Due to 94a
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 a worker? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 5251 [Address] Date signed 10/7/44

DR GODFREY

525, Nat Bldg

EV 2980

87010 AM

2704 PM

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 *Frank J. Jones*

Licensed Embalmer No. *2245*

P. O. Address *Frank J. Jones*

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, fact should be so stated above.