

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 1 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **32249**  
Registration District No. **818**  
Primary Registration District No. **1003**  
Registrar's No. **8913**

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

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:  
Home for the Aged, 3400 So. Grand.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 7 Years, 5  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME David Ender,  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male, 0 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife..... Catherine 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. May 29 1869.  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>75</u> | <u>4</u> | <u>21</u> | .....hr. ....min.    |

9. Birthplace..... Austria, 4  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Carpenter,

11. Industry or business.....

MOTHER FATHER { 12. Name John Ender  
13. Birthplace Don't Know, U  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know,  
15. Birthplace Don't Know, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernadette,  
(b) Address 3400 So. Grand Blvd.,

17. (a) Burial, (b) Date thereof 10/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. SS. Peter & Paul Cem.

18. (a) Signature of funeral director. Gebken-Benz Mortuary,  
(b) Address 2842 Beramec St.,

19. (a) OCT 20 1944 J. F. Bredelk  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County 000  
(c) City or town St. Louis, 17/6  
(If outside city or town limits, write "RURAL") 9/6  
(d) Street No. Home for the Aged, 3400 So. Grand  
(If rural, give location)  
(e) Citizen of foreign country? No. 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th  
year 1944 hour 6: minutes 00 A.M.

21. I hereby certify that I attended the deceased from Oct 20 to Oct 20 1944  
that I last saw him alive on Oct 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Coronary Sclerosis  
Due to Arterio Sclerosis  
Duration 2 yr

Other conditions..... (Include pregnancy within 3 months of death) 94

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN 94  
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 J. F. Bredelk (M. D. or other) 9/4  
Address 2842 Beramec St. Date signed 10/20

**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.

*Emb. cert. filed sep.*

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, fact should be so stated above.**