

FILED MAR 3 1945

Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 1515

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ent (infant)
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. Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 12, 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
1 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Kenneth Ent
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lorene Middleton
15. Birthplace Ellington, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Ent
(b) Address 6470 Clayton Ave., St. Louis, Mo.

17. (a) Burial (b) Date thereof Feb. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road, St. Louis, Mo.

19. (a) FEB 15 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6470 Clayton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th
year 1945 hour 10:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 12, 1945 to February 12, 1945
that I last saw him alive on February 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death difficult delivery of large baby, shoulder caught under ribs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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)
(e) Means of injury _____
23. Signature H. M. Roemerstein (M. D. or other) M. D.
Address 3903 Olive St. St. Louis, MO Date signed _____

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Edward A. Bookhand*.....

Licensed Embalmer No. *2502*.....

P. O. Address *Dayton Mo*.....

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.