U. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43649

FILED JAN 10 1948

Registration District No. 3/7

Primary Registration District No. 3063

Registrar's No. 2674

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 St. Louis County
(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 Mo. (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Pine Crest Nr. Home
(If rural, give location)
(e) Citizen of foreign country? ..... (~~Yes~~ or ~~No~~)
If yes, name country .....

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

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Lela Mathey
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased November (Month) 3 (Day) 1861 (Year)

8. AGE: Years 86 Months 1 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation None
11. Industry or business .....
FATHER
12. Name John G. Entemann
13. Birthplace St. Joseph (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Amies
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)
16. (a) Informant George Entemann
(b) Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 47 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto Mo. City Cemetery
18. (a) Signature of funeral director J. Lee Mathershead
(b) Address De Soto Mo.
19. (a) 12-26-47 (Date received local registrar) (b) Cecil A. Shay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1947 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from November 28 1947 to Dec. 24 1947 that I last saw him alive on Dec. 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death natural causes unknown (no autopsy

Due to .....

Due to .....

Other conditions intertrochanteric fract. right femur
(Include pregnancy within 3 months of death)
arteriosclerotic vascular disease

Major findings:
Of operations .....
Of autopsy no

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11-28-47
(c) Where did injury occur? Manchester (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Nursing Home Bathroom (Specify type of place)
While at work? ..... (e) Means of injury Fall

23. Signature Arthur E. Weigel (M. D. or ~~[illegible]~~) 0
Address 601 Brentwood Blvd Date signed 12-25-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Lee Mathurshead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.