

FILED JUL 3 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5692**

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:
4145 Lexington 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)

3. (a) PRINT FULL NAME Alice L. Enders

3. (b) If veteran, * - - - - - 3. (c) Social Security No. 489-10-6044

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

6. (b) Name of husband or wife Charles C. Enders 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Tobacco Stemmer.

11. Industry or business _____

12. Name Thomas Tracy

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

14. Maiden name M. Carney

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

16. (a) Informant Mrs. Marie Michaels

(b) Address 4145 Lexington Ave

17. (a) Burial (b) Date thereof 6/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 24 1948 J. F. Brestek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 4145 Lexington Ave (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
1948 year 1948 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 1948 to June 23, 1948; that I last saw her alive on June 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Embolus 16h.

Due to Motor Car

Due to Carcinoma - Prob

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) Means of injury _____

23. Signature Marie Michaels (M. D. or other) M.D.
Address 1506 Olive Date signed 6-24-48

WRITE PLAINLY—USE UNFADING BLACK 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..... *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address..... *Houston, 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.