

FILED JUN 28 1948 **318**

Registration District No. _____

Primary Registration District No. _____

1003

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:
FIRMIN DES LOGE HOSP O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 20 MIN

3. (a) PRINT FULL NAME BABY BOY GEORGE ENDERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JUNE 12 1948
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 20 min.9. Birthplace ST LOUIS MO O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name GEORGE IVAN ENDERS13. Birthplace IRONTON MO O
(City, town, or county) (State or foreign country)14. Maiden name HELEN KUIKENDALL15. Birthplace ST LOUIS MO O
(City, town, or county) (State or foreign country)16. (a) Informant Geo Ivan Enders(b) Address 2820 Eads Ave17. (a) BURIAL (b) Date thereof JUNE 16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LAUREL HIGHL CEM(a) Signature of funeral director Walter Bookman(b) Address 6536 Clayton Rd19. (a) JUN 16 1948 J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 00-0
 (c) City or town ST LOUIS 11
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 2820 EADS AVE
 (If rural, give location) 8
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1948 hour 9 minute 0 M.21. I hereby certify that I attended the deceased from Birth
_____ 19 _____ to Death 19 _____
that I last saw him alive on June 12 19 _____
and that death occurred on the date and hour stated above.Immediate cause of death _____
Miscellaneous - Cause
unknown

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 R Berg MW (M. D. or other) _____Address 3203 S Bond Date signed 6-16-48

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.....

Nat Embolung
Art Boyles
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.