

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1601**

FILED MAR 5 1949

#53108

318

1003

BIRTH MO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1601	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		16	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1431 a Peabody st			
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) _____ c. (Last) ENDRES			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18th, 1949				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Conrad	8. DATE OF BIRTH July 7 1867		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 11 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? 4		
13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Conrad Endres			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Rudolph Endres					ADDRESS 4537 a Durant
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Pulmonary Edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/20						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2/4/49 , 19____, to 2/18/49 , 19____, that I last saw the deceased alive on 2/18/49 , 19____, and that death occurred at 3 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 21 1949	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem		24d. LOCATION (City, town, or county) (State) Bellefontaine Road St. Louis County Mo.			
DATE RECD BY LOCAL REG. FEB 19 1949	REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE A. Kron L & Co				ADDRESS 2707 N. Grand St.

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Stanley F. Dixon

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

*183
St. Louis*

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.