

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38690  
State File No. 9575  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		REGISTRAR'S NO. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Missouri</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4233 Maffitt Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>4233 Maffitt Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Endraske</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5th, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 20th, 1874</b>		
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>American Steel Foundries</b>			11. BIRTHPLACE (State or foreign country) <b>Germany</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>John Michael Endraske</b>		13b. MOTHER'S MAIDEN NAME <b>Mary (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Late Eva Endraske nee Muller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Kleinheider, 4233 Maffitt Avenue Frank Endraske,</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 mo.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CARDIAC FAILURE</b>  6 mo.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>93</b>				
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? <b>H200</b>				
22. I hereby certify that I attended the deceased from <b>5-26-1949</b> to <b>11-3-1949</b> , that I last saw the deceased alive on <b>11-3-1949</b> , and that death occurred at <b>9:00am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>J. Mangano</b> (Degree or title) _____				23b. ADDRESS <b>2801 N. Taylor Ave.</b>		23c. DATE SIGNED <b>11-5-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/7/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Saint Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>NOV 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>				

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

*Jackson v. M. H. H.*

**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.

Student .....  
Student Embalmer

Signed *Ralph C. Linders*

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, 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.