

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37190

State File No.

S. No. 300
v. 10.48

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2752

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley, Missouri</u> c. LENGTH OF STAY (in this place) <u>2 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Penn Nursing Home</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u> d. STREET ADDRESS (If rural, give location) <u>2016 Wedgewood Drive., /</u> | |
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| 3. NAME OF DECEASED (Type or Print) <u>Alfred Elmont Entsminger</u> a. (First) b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 24 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 24, 1867</u> | 9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Stat Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Power Plant</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Langsville, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Nathan Entsminger</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Newman</u> | 14. NAME OF HUSBAND OR WIFE <u>Cora Entsminger dec'd</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gerald M. Entsminger, 2016 Wedgewood Drive</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES: <u>Generalized arteriosclerosis</u> 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. <u>331X</u> | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs - year</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from July, 1952 to Oct 24, 1952, that I last saw the deceased alive on Oct 24, 1952, and that death occurred at WESSM., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Lia F. Neam MD</u> | 23b. ADDRESS <u>35 N. Central</u> | 23c. DATE SIGNED <u>10/25/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10-25-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Aurora Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Aurora, Illinois</u> |
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| DATE REC'D BY LOCAL REG. <u>10-25-52</u> | REGISTRAR'S SIGNATURE <u>Hubert R. Dombke - 14/12</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington</u> | ADDRESS |
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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 Robert M. Murray

Licensed Embalmer No. 3749

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.