

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43397**
Registrar's No. **11677**

FILED JAN 10 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 43397		Registrar's No. 11677					
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,				c. LENGTH OF STAY (in this place) _____									
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,				d. STREET ADDRESS (If rural, give location) 3535 Michigan Ave.,									
d. FULL NAME OF HOSPITAL OR INSTITUTION 3535 Michigan Ave.,				e. STREET ADDRESS (If rural, give location) 3535 Michigan Ave.,									
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) _____			c. (Last) Endris			4. DATE OF DEATH (Month) (Day) (Year) December 18, 1952				
5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH October 8, 1863		9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. 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 _____				11. BIRTHPLACE (City and State or Foreign Country) Lanesville, Indiana,				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christian Michels,				13b. MOTHER'S MAIDEN NAME Agatha Day,				14. NAME OF HUSBAND OR WIFE Peter Endris, deceased.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Mrs. Lorena Chesshire, ADDRESS 3535 Michigan Ave					
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) Cerebral Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 5 min	
				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.									
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? 331X					
22. I hereby certify that I attended the deceased from Jan, 1950, to Dec 18, 1952, that I last saw the deceased alive on Dec 18, 1952, and that death occurred at 4:45P. m., from the causes and on the date stated above.													
23a. SIGNATURE Victor K. Hager MD (Degree or title)						23b. ADDRESS 4922 Meramec			23c. DATE SIGNED 12/19/52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,			24b. DATE Dec. 20, 1952			24c. NAME OF CEMETERY OR CREMATORY Canton, Mississippi,			24d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. DEC 19 1952				REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.					

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

(Licensed Embalmer's Statement on Reverse Side)

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
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.