

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44190**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11864**

FILED JAN 12 1954

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY OR TOWN		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)			b. (Middle)		c. (Last)
5. SEX			6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH			9. AGE (In years last birthday)		10. MONTHS
11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		2. ANTECEDENT CAUSES			
3. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
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) (m.)		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 <u>Nov. 27, 1953</u> , to <u>Dec. 12, 1953</u> , that I last saw the deceased alive on <u>Dec. 12, 1953</u> , and that death occurred at <u>2:13</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county)				24e. (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
25. ADDRESS					

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

1. PLACE OF DEATH a. COUNTY: **St. Louis, Mo.**

2. USUAL RESIDENCE a. STATE: **Missouri** b. COUNTY: **St. Louis**

c. CITY OR TOWN: **Kinloch** (with handwritten **4091**)

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Alexian Brothers Hospital**

e. STREET ADDRESS: **131 Evergreen**

3. NAME OF DECEASED: **Bennie Enge**

4. DATE OF DEATH: **12-12-53**

5. SEX: **Male** 6. COLOR OR RACE: **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Widowed**

8. DATE OF BIRTH: **Dec. 31, 1899** 9. AGE: **54**

10. MONTHS: **54**

11. BIRTHPLACE: **Montgomery, Alabama** 12. CITIZEN OF WHAT COUNTRY?: **U.S.**

13a. FATHER'S NAME: **Ryland Enge** 13b. MOTHER'S MAIDEN NAME: **Ida Taylor**

14. NAME OF HUSBAND OR WIFE: **Mrs. Chambers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?: **Yes** (World War I) 16. SOCIAL SECURITY NO.: **493-24-7641**

17. INFORMANT'S SIGNATURE OR NAME: **Mrs. Chambers** ADDRESS: **126 Carson Rd.**

18. CAUSE OF DEATH: **1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of common duct of gall bladder**

2. ANTECEDENT CAUSES

***This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of common duct of gall bladder 6 mos.

DUE TO (c) Cirrhosis of liver

3. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Liver infection

INTERVAL BETWEEN ONSET AND DEATH: **3 hrs.**

20. AUTOPSY? **YES NO**

19a. DATE OF OPERATION: **12/13** 19b. MAJOR FINDINGS OF OPERATION: **Carcinoma of common duct of gall bladder**

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): **155X**

21d. TIME OF INJURY: **(Month) (Day) (Year) (Hour) (m.)**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **155X**

22. I hereby certify that I attended the deceased from Nov. 27, 1953, to Dec. 12, 1953, that I last saw the deceased alive on Dec. 12, 1953, and that death occurred at 2:13 m., from the causes and on the date stated above.

23a. SIGNATURE: **[Signature]** (Degree or title) **0**

23b. ADDRESS: **1901 Madison St**

23c. DATE SIGNED: **1/16/54**

24a. BURIAL, CREMATION, REMOVAL (Specify): **Removal**

24b. DATE: **12-17-53**

24c. NAME OF CEMETERY OR CREMATORY: **Washington P. Cemetery**

24d. LOCATION (City, town, or county): **St. Louis County, Mo.**

24e. (State): **Mo.**

DATE REC'D BY LOCAL REG.: **DEC 16 1953**

REGISTRAR'S SIGNATURE: **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** ADDRESS: **Metropolitan Funeral System Inc. 5010 Enright Ave.**

(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul V Freeman*

Licensed Embalmer No. *4686*.....

P. O. Address *4729 Hammett Ave*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.