

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14379

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 143		Registrar's No. 913	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY OR TOWN Jennings		a. STATE Missouri		b. COUNTY	
c. LENGTH OF STAY (in this place) 1 year		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		e. STREET ADDRESS 4853a Greer Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5738 Apricot Avenue				f. (If rural, give location) 2064			
3. NAME OF DECEASED (Type or Print) Minnie		a. (First)		b. (Middle)		c. (Last) Enstall	
4. DATE OF DEATH April 17 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29, 1891		9. AGE (in years last birthday) 62	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Bales		13b. MOTHER'S MAIDEN NAME Theresa Kaiser	
14. NAME OF HUSBAND OR WIFE Albert Enstall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Enstall, 4853a Greer Avenue	
18. NO 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma Rectum		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.						4 mos. 3 yrs.	
19a. DATE OF OPERATION 12-8-1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154X		22. I hereby certify that I attended the deceased from <u>10-30</u> , to <u>2-15</u> , 1954, that I last saw the deceased alive on <u>2-15</u> , 1954, and that death occurred at <u>1:40 A.M.</u> , from the causes and on the date stated above.	
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?		23a. SIGNATURE (Degree or title) John F. Shaner M.D.	
23b. ADDRESS 3720 Washington		23c. DATE SIGNED 4-17-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 19, 1954	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	
DATE REC'D BY LOCAL REG. 4/17/54		REGISTRAR'S SIGNATURE Harvey K. Amke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	

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..

Student.....
Signature of Student Embalmer

Signed.....
Glenn W. Nay

Licensed Embalmer No. *373*
P. O. Address *J. K. Keri*

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.