

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13288

State File No.

318

1003

Registrar's No. 2440

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 17 days		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS 1713 W. Big Bend Rd.					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
MARY		LOU		ENDERS		March 16, 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 16, 1927		9. AGE (In years last birthday) 28	
								IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser				10b. KIND OF BUSINESS OR INDUSTRY Mayo Beauty Shop		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Banks			13b. MOTHER'S MAIDEN NAME Hattie Howard			14. NAME OF HUSBAND OR WIFE Ivyl Enders			
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. 405-26-5564		17. INFORMANT'S SIGNATURE OR NAME Ivyl Enders, 1713 W. Big Bend, Kirkwood, Mo			ADDRESS		
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>Bilateral Pulmonary Atelectasis with massive Pleural Effusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Irreversible shock following massive hemorrhage</u> DUE TO (c) <u>Post-operative Pectoral Abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 days 7 days	
19a. DATE OF OPERATION 3/1/55		19b. MAJOR FINDINGS OF OPERATION Ravertion + Separation of Anal Sphincter						20. AUTOPSY? YES <input checked="" 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? 575 X					
22. I hereby certify that I attended the deceased from <u>March 1, 1955</u> , to <u>March 16, 1955</u> , that I last saw the deceased alive on <u>March 16, 1955</u> , and that death occurred at <u>5:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Monis Herman M.D.</u>				(Degree or title)		23b. ADDRESS 3701 Grand Square		23c. DATE SIGNED 3/17/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/8/55		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) Carrollton, Ky.		(State)	
DATE REC'D BY LOCAL REG. MAR 17 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc. - Kirkwood		ADDRESS			

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 *Felix Hernandez*

Licensed Embalmer No. *303*

P. O. Address *Kinross*

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.