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FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38209**
Registrar's No. **10181**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Wellston, Mo	
c. LENGTH OF STAY (in this place)		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 Lutheran Hospital		STREET ADDRESS (If rural, give location) 1605 Glenchort	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) W. c. (Last) Endejan Sr.			4. DATE OF DEATH (Month) (Day) (Year) November 21, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 13, 1896		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Web Pressman		10b. KIND OF BUSINESS OR INDUSTRY Donnelly Prt. Co.		11. BIRTHPLACE (City and State or Foreign Country) Carlinville, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.A.A					

13a. FATHER'S NAME Anthony Endejan		13b. MOTHER'S MAIDEN NAME Francis Kloesner		14. NAME OF HUSBAND OR WIFE Charolette E. Endejan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give year or date of service) W.W.I 492-09-0839		17. INFORMANT'S SIGNATURE OR NAME 1608 BRESS Mrs. Charolette E. Endejan Glenchort	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES: Myocardial Infarct 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. Swel. Edema				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 **1923**, 19____, to **11-21-**, 19**55**, that I last saw the deceased alive on **11-21-**, 19**55**, and that death occurred at **1:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Flagg M.D.		23b. ADDRESS 3150 Morganford		23c. DATE SIGNED 11/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/25/55		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis County			

DATE REC'D BY LOCAL REG. NOV 22 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St	
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3. P. (Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed.....

Joe B. Benz

Licensed Embalmer No. 42

P. O. Address 2842 Meramec
St. Louis 18 Miss

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.