

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034181
STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9511

5. 300
1-57

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
04 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5046 Nottingham St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WALTER J. ENGHAUSER			4. DATE OF DEATH Month Day Year OCTOBER 3, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 26, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Comptroller		10b. KIND OF BUSINESS OR INDUSTRY Nat'l Seed Co.,	11. BIRTHPLACE (City and state or country) St. Louis, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert Enghauser		13b. MOTHER'S MAIDEN NAME Katherine Binder		14. NAME OF HUSBAND OR WIFE Catherine Enghauser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 492-05-6494	17. INFORMANT Catherine Enghauser, 5046 Nottingham St., Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED PERITONITIS					INTERVAL BETWEEN ONSET AND DEATH 48 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) COMMON DUCT OBSTRUCTION					3 MONTHS
DUE TO (c) CHOLEDOCHOLITHIASIS 584x					3 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> /
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from SEPT. 27, 1958 to OCT. 3, 1958 and last saw her alive on OCT. 3, 1958 Death occurred at 3:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. Demiller, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-6-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis, Missouri.
24. FUNERAL DIRECTOR A. H. Bocklage 6536 Clayton Road., ADDRESS			25. DATE RECD. BY LOCAL REG. OCT 4 '58		26. REGISTRAR'S SIGNATURE Carl Smith - M.D. ucm

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THE BOARD OF HEALTH
CITY OF ST. LOUIS

ST. LOUIS, MISSOURI

STATE OF MISSOURI

AND

ST. LOUIS

STATEMENT BY LICENSED EMBALMER

STATE OF MISSOURI

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 *John S. Demme*

Licensed Embalmer No. *91940*

P. O. Address *St. Louis,*

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.