

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4884-61-0188956
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4884

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 2 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b _____
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. ANTHONY HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO.** b. COUNTY _____
c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3122 ARSENAL ST** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
FRED ENDICOTT **MAY 22 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **AUG 20 1890** 9. AGE (last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MAINTENANCE MAN** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U-S-A**

13a. FATHER'S NAME **CURTIS ENDICOTT** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **LILLIE ENDICOTT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) _____
17. INFORMANT **LILLIE ENDICOTT 3122 ARSENAL** 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) **Cerebral thrombosis** INTERVAL BETWEEN ONSET AND DEATH **30 hours**
DUE TO (b) **Arteriosclerosis**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **332x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Uremia due to urinary obstruction as result of prostatic hypertrophy**
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **25 Feb 1961** to **22 May 1961** and last saw him ^{born} alive on **21 May 1961**
Death occurred at **1:40 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert S. Nye, M.D.** 22b. ADDRESS **320 Arsenal St, St. Louis Mo.** 22c. DATE SIGNED **23 May 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **MAY 25 1961** 23c. NAME OF CEMETERY OR CREMATORY **ST. MATTHEW CEM.** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS MO.**

24. FUNERAL DIRECTOR **Thomas Kutis 2906 Gravois** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **MAY 24 1961** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Garrison

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.