

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004962

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 9

FILED FEB 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1090  
2 4029

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94500

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12 96-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		Length of stay in 1b <b>15 mos.</b>	c. CITY OR TOWN <b>Ladue</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10140 Fieldcrest Lane</b>
3. NAME OF DECEASED (Type or print) First <b>Emil</b> Middle <b>K.</b> Last <b>Endres</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>31</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-18-1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Landscaping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Horticulture</b>	9. AGE (last birthday) <b>87</b>
13a. FATHER'S NAME <b>John G. Endres</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Yaeger</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, hypostatic, bilateral</b>			14. NAME OF HUSBAND OR WIFE <b>Katherine</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis with arteriosclerotic unknown heart disease</b>			17. INFORMANT <b>Henry W. Endres</b>
DUE TO (c) <b>Senile Dementia</b>			17. ADDRESS <b>10140 Fieldcrest La. Ladue, Mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION <b>Warrenton, Missouri</b>	
20d. INJURY OCCURRED WHILE AT WORK <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. COUNTY _____ STATE _____		20g. COUNTY _____ STATE _____	
21. I attended the deceased from <b>October 1961</b> to <b>Jan. 31, 1963</b> and last saw <sup>her</sup> alive on <b>Jan. 31, 1963</b> Death occurred at <b>5:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Karol J. Logan MD</i>		22b. ADDRESS <b>Warrenton, Missouri</b>	22c. DATE SIGNED <b>2-2-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-2-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>Jay B. Smith</b>		25. DATE RECD. BY LOCAL REG. <b>Feb-2-1963</b>	26. REGISTRAR'S SIGNATURE <i>Floyd Logan</i>
ADDRESS <b>7456 Manchester Maplewood, Mo.</b>			

FEB 7 1963

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 Melvin Barteaux

Licensed Embalmer No. 4903

P. O. Address 7456 Manchester  
Maplewood, Mo.

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.