

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

12985

Do not use this space.

## 1. PLACE OF DEATH

(a) County

St. Louis

Registration District No.

791

(b) Township

Primary Registration District No.

1003

(c) City

St. Louis

(d) Street No.

City Hospital

Registered No.

3589

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

## 2. PRINT FULL NAME

ETHEL ENDRES

522 536 WA

(a) Residence, No.

4353 Olive St.

19

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 10, 1885.

7. AGE

YEARS

52

MONTHS

10

DAYS

6

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mt. Vernon, Ill.

FATHER

13. NAME

John Hanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

not known

MOTHER

15. MAIDEN NAME

Ethel Rawls.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

not known

17. INFORMANT (ADDRESS)

George Muller  
512 N. 12th. East.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Est. Louis, Ill. DATE Apr 19, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Frank Under  
1723 Cass. Av. East

20. FILED

APR 18 1938

J. T. Under  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

April 16, 1938

22. HEREBY CERTIFY, That I attended deceased from 3/12/38, 19, to 4/16/38, 19.

I last saw her alive on 4/16/38, 19. Death is said

to have occurred on the date stated above, at 9:05 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung  
Carcinoma of Cervix  
Dr. states both were primary

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard P. Voth, M. D.

(Address) 1515 Lafayette

STATEMENT BY LICENSED EMBALMER

I, R.H. Baldwin, Licensed Embalmer No. 2420

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed R.H. Baldwin

Licensed Embalmer No. 2420  
4345 Washington Ave

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.)