

FILED DEC 12 1945  
318

State File No. \_\_\_\_\_  
Registrar's No. 10467

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
50 years (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MATILDA ENZMANN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 1 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife August Enzmann

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased July 9 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	4	22	_____ hr. _____ min.
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9. Birthplace Altenburg Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gottlob Gaebler

{ 13. Birthplace Altenburg Missouri 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Theresa Zwickelhuber

{ 15. Birthplace Unknow Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant August W Gaebler

(b) Address 3641 Dunnica St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St Louis Ave

19. (a) DEC 3 1945 (Date received local registrar)

(b) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3960a Utah 16  
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st  
year 1945 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from 11/20/45  
\_\_\_\_\_ 19, to 12/1/45 19, \_\_\_\_\_

that I last saw her alive on 12/1/45 19, \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Renal Cell Carcinoma Metastasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 57

Of operations \_\_\_\_\_

Of autopsy Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. J. Bredeck 12/1/45  
(Specify type of place) (c) Means of injury

Address 1515 Lafayette Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Felix J. Krupis*

Licensed Embalmer No..... *3497*.....

P. O. Address..... *1936 St. Louis 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.)**

**If this body is not embalmed, fact should be so stated above.**