S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1946

State File No. 14680

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3974

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5563 Pershing
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 1217
(If outside city or town limits, write "RURAL")

(d) Street No. 5563 Pershing 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EDWARD T. ENTZEROTH

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-18-9750

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Sussie Kuerner, Dec.

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

7. Birth date of deceased Jan. (Month) 12 (Day) 1868 (Year)

8. AGE: Years 78 Months 3 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Salesman (Tailors Trimmings & Woolens)

11. Industry or business

FATHER
12. Name -- Entzeroth
13. Birthplace Germany (City, town, or county) 11 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Mascoutah, Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ellard Entzeroth
(b) Address 709 Tuxedo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar

19. (a) MAY 1 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 6:30 A minute 30 A. M.

21. I hereby certify that I attended the deceased from
, 19 , to April 29 1946
that I last saw him alive on April 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Food Ptomaines

Due to Hypertension 6 years

Deceased had eaten unripe strawberries

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83001

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Chas. H. Weinsberg (M. D. or other) M.D.

Address 32-32 La Fayette Date signed 5-1-46

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Jenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.