S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39617
Registrar's No. 10954

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5896 Highland Av
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

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

(d) Street No. 5896 Highland Av.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Adolph C. Endres

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Clara

6. (c) Age of ~~husband~~ or wife if alive 61 years

7. Birth date of deceased Feb - 24 - 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	2	hr. min.

9. Birthplace Cross Town Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Own.

FATHER
12. Name Martin Enders
13. Birthplace Unkown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Farr
15. Birthplace Unkown
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Gebhardt
(b) Address 5896 Highland Av.

17. (a) Burial (b) Date thereof Nov 29 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo

18. (a) Signature of funeral director Rowland Mortuary Ser.
(b) Address 4355 Washington Av.

19. (a) DEC 1 - 1947 (b) J. F. Breneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1947 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov 17, 1947 to Nov 17, 1947
that I last saw him alive on Nov 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma lung

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration ?

PHYSICIAN

Underline the cause of 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

23. Signature Chas. Jost (M. D. or other) M.D.

Address 3500 N. Grand Date signed 11-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1947

10954

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.....Jas M Spencer.....

Licensed Embalmer No.....4343.....

P. O. Address.....St. Louis 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 this body is not embalmed, fact should be so stated above.