

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24740

FILED JUL 22 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6068**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) **3 weeks** c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,** **2049**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Josephine Heitkamp** e. STREET ADDRESS (If rural, give location) **6470 Clayton avenue**

3. NAME OF DECEASED a. (First) **Jennie** b. (Middle) _____ c. (Last) **Ent** 4. DATE OF DEATH (Month) (Day) (Year) **July 14 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Nov 10 1881** 9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months **8** IF UNDER 12 HRS. Days **4** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Daniel Sisco** 13b. MOTHER'S MAIDEN NAME **Laura Market** 14. NAME OF HUSBAND OR WIFE **Frank Ent**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Frank Ent** ADDRESS **-6470 Clayton avenue**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cholelithiasis**
ANTECEDENT CAUSES **Cholelithiasis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **7/10/50**
6/30/50

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Cholelithiasis with Cholelithiasis** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **58HX**

22. I hereby certify that I attended the deceased from **Aug. 3, 1950**, to **7/13, 1950**, that I last saw the deceased alive on **7/12, 1950**, and that death occurred at **5:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **C. E. Williamson** (Degree or title) **M.D.** 23b. ADDRESS **6336 Clayton Road** 23c. DATE SIGNED **7/17/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 17, 50** 24c. NAME OF CEMETERY OR CREMATORY **Ellington** 24d. LOCATION (City, town, or county) (State) **Ellington, Mo.**

DATE REC'D BY LOCAL REG. **JUL 14 1950** REGISTRAR'S SIGNATURE **J. B. Farver** 25. FUNERAL DIRECTOR'S SIGNATURE **Jay B. Smith** ADDRESS **7056 Manchester, Maplewood Mo.**

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Russell Galunke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis 10

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.