

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

6137

State File No. ....

1293

No. 300  
10-48

FILED MAR 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  d. STREET ADDRESS (If rural, give location) <u>3938 Federer Pl</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Alphons</u> b. (Middle) <u>H.</u> c. (Last) <u>Enger</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb.</u> <u>8</u> <u>1954</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 12, 1890</u>
<b>9. AGE</b> (In years last birthday) (Months) (Days) (Hours) (Min.) <u>64</u> <u>0</u> <u>26</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis Mo.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Branch Manager</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Northwestern Dustry National Ins. Co.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Frank A. Enger</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Katherine Nager</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Elsie A. Enger</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>494-09-6332</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Elsie Enger</u> <b>ADDRESS</b> <u>3938 Federer Pl.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hemorrhage into heart muscle and heart failure</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>   YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>X</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus geschwenter</u>		
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Louis Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>4222</u>	
<b>22. I hereby certify that I attended the deceased from <u>Feb. 1, 1954</u> to <u>Feb. 8, 1954</u>, that I last saw the deceased alive on <u>Feb. 8, 1954</u> and that death occurred at <u>8:20 P</u> m., from the causes and on the date stated above.             </b>			
<b>23a. SIGNATURE</b> (Name or title) <u>J. H. Maynard</u>		<b>23b. ADDRESS</b> <u>30 Side St. St. Louis</u>	<b>23c. DATE SIGNED</b> <u>2-9-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2/12/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Peter &amp; Paul Cem</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>FEB 10 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Earl Smith, M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John H. Gebken Sons</u> <b>ADDRESS</b> <u>2630 Gravois</u>

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert T. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.