

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015751
State File No.

FILED MAY 14 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4888

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4888					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS Mo		c. LENGTH OF STAY (in this place township) 21 days		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hosp.				e. STREET ADDRESS (If rural, give location) 167 3855 Virginia							
3. NAME OF DECEASED (Type or Print) Katherine		a. (First)		b. (Middle)		c. (Last) Endres		4. DATE OF DEATH (Month) (Day) (Year) 5- 6- 58			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2		8. DATE OF BIRTH AUG 18, 1877		9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME unk.			13b. MOTHER'S MAIDEN NAME unk.			14. NAME OF HUSBAND OR WIFE FRED ENDRES					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME CHARLES ENDRES		ADDRESS 3855 VIRGINIA					
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) Rt. Bundle Branch Block				INTERVAL BETWEEN ONSET AND DEATH 21 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerotic Heart Dis.				21 days			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) Generalized Arteriosclerosis				21 days			
Chronic Pyelonephritis								21 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 4-15-58, 19__, to 5-6-58, 19__, that I last saw the deceased alive on 5-6-58, 19__, and that death occurred at 12:45 a.m., from the causes and on the date stated above.											
23a. SIGNATURE John W. Beckham, M.D.				(Degree or title)		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 5/6/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 8 1958		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo					
DATE REC'D BY LOCAL REG. MAY 7 58		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter		ADDRESS 2906 Lewis					

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.....
Signature of Student Embalmer

Signed..... *Lea J. Budd*
Licensed Embalmer No. *398*
P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.