JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-021788
STATE FILE NUMBER

FILED VS MAY 31 1960

ENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1428

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Louis County Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3608 Union Rd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: — Last: Enger Jr
4. DATE OF DEATH: Month: April Day: 29 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Single
8. DATE OF BIRTH: Nov-10-1883
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months 5 Days 19
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Dairy Hand
11. BIRTHPLACE (City and state or country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Enger
13b. MOTHER'S MAIDEN NAME: Magdalena Damm
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 492-01-5714
17. INFORMANT: Alexander Enger Address: 3608 Union Rd Mehlville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple severe traumatic injuries with injury to the brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pedestrian struck by motor vehicle
20c. TIME OF INJURY: 12:05 Hour a.m. p.m. Month, Day, Year: 4/29/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): public road
20f. CITY, TOWN, OR LOCATION: COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Zaun (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May-2-1960
23c. NAME OF CEMETERY OR CREMATORY: St Peter & Paul Cem.
23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR: Fey Funeral Home ADDRESS: Mehlville Mo
25. DATE RECD. BY LOCAL REG.: 5-1-60
26. REGISTRAR'S SIGNATURE: [illegible] M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Herbert J. Gra

Signature of Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.