

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029908

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7223 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59	DATE AMENDED
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FILED JUL 19 1963

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN St. Louis
d. STREET ADDRESS (If outside, give location) 4908 Farlin Ave

3. NAME OF DECEASED (Type or print) First Middle Last FRANK C. ENSTE
4. DATE OF DEATH Month Day Year JULY 11 1963

5. SEX Male
6. COLOR OR RACE White
7. Married Never Married
Widowed Divorced
8. DATE OF BIRTH 9/5/1899
9. AGE (last birthday) 63
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Machine Hand
10b. KIND OF BUSINESS OR INDUSTRY Laughman Cabinet Co.
11. BIRTHPLACE (City and state or country) St. Louis, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Casper Enste
13b. MOTHER'S MAIDEN NAME Mary Shuttle
14. NAME OF HUSBAND OR WIFE Hertha Enste

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
17. INFORMANT Address Mrs. Hertha Enste 4908 Farlin Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute Myocardial Infarction
DUE TO (b) Hypertensive Cardiovascular Disease
DUE TO (c) 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.)
20c. TIME OF INJURY Hour Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-22-1961 to 7-11-63 and last saw him alive on 6-1-63
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William H. Garis M.D.
22b. ADDRESS 3121 N. Grand.
22c. DATE SIGNED 7-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/15/1963
23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis MO.

24. FUNERAL DIRECTOR ADDRESS SUEDMAYER & SON'S 3934 N. 20th Street
25. DATE RECD. BY LOCAL REG. JUL 12 1963
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

OK
Coroner Helen L. Taylor
7-15-63

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 James B. Embley

Licensed Embalmer No. 365B

P. O. Address St. Lawrence & Me

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.

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