MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15241 Do not use this space.

14974

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 4169

Township ..... Primary Registration District No. ..... Registered No. .....

City ..... (No. Mulcahy Hosp St. ..... Ward)

2. FULL NAME John (Enk) Enk

(a) Residence No. 2530 Palm St. St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie A. Enk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-23-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	2	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Brewery
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER William Enk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Alvina Schrader 4/13/28

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Marie A. Enk
(Address) 2530 Palm St.

15. FILED APR 16 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1928, to Apr 14, 1928, that I last saw him alive on Apr 14, 1928, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia
Ch. Alcoholism, Acute Dilatation of Stomach
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1010 168 753 IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF 1126

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Murdoch M. D
(Address) 2106 E Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL 4/18 1928

20. UNDERTAKER H. A. Stockmeier Co ADDRESS 2117 E. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE TENNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD