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

Do not use this space.

38653

File No. 11057

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 4530-A Enright St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Leopold Enlinger

(a) Residence. No. 4530-A Enright St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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 Lizzy Enlinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9th 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	0	1	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown Enlinger

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

12. MAIDEN NAME OF MOTHER Katherine Bollinger

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

14. INFORMANT Henry Enlinger
(Address) 4530 Enright

15. NOV 12 1929 FILED, 19 Max E. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1929, to Nov 10, 1929, that I last saw him alive on Nov 10, 1929 and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
1 yr
Chronic Nephritis
(duration) yrs. mos. ds. Indefinite

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. mos. ds. Indefinite

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Harry H. Meyer, M. D.
11/11, 1929 (Address) 4903 Delmar

*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	DATE OF BURIAL
Calvary	11-13 1929
20. UNDERTAKER	**ADDRESS**
Kellerman Funeral Co	1321 Franklin

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.