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.

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

Do not use this space.

3342

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1005

City St. Louis (No. City Hospital St. ..... Ward)

File No. 1572

Registered No. .....

18285

2. FULL NAME Ralph Ennis

(a) Residence, No. 3838 Russell St. 17 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME Leslie Wm. Ennis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

MOTHER

15. MAIDEN NAME Grace L. Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Mo.

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE POTTER [illegible] DATE 2-18- 1932

19. UNDERTAKER (ADDRESS) [illegible] 1406 [illegible]

20. FILED FEB 17 1932 19 Max C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28th, 1932, to Jan. 28th, 1932

I last saw him alive on Jan. 28th, 1932 Death is said to have occurred on the date stated above, at 5:15 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity (6½ months)

Other contributory causes of importance: 157

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) City Hospital

Times