WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1932

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

Do not use this space.

33445

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 781 — File No.

Township Central — Primary Registration District No. 60333 — Registered No. 293

City Creve Coeur (No. Dautel ave St. Ward)

2. FULL NAME Elizabeth Ennis

(a) Residence, No. Dautel ave St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk

7. AGE: abt — YEARS: 68 — MONTHS: — — DAYS: — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year): 10/23/32
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grafton, Ill. 2

FATHER

13. NAME: unknown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 31

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Zack Wilson, Creve Coeur, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grafton Ill DATE Oct 28 1932

19. UNDERTAKER (ADDRESS): Naumann Bros. 2504 Woodson Rd overland Missouri

20. FILED 10/25, 1932 Della Bruce M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:15 a. m.

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

Accidental burns of body while her home burned to the ground. — Date of onset: 10/24/32

180 180

Other contributory causes of importance: Body charred. 2 3

5

Name of operation: None — 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? Acc. Date of injury 10/24, 1932
Where did injury occur? Creve Coeur, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury: Acc. burns rec'd when
Nature of injury: house burned. No.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) John O'Connell, M. D.
(Address) Coroner of St. Louis County.