

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

Do not use this space.

33559

File No. _____
Registered No. **8814**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1008**
City **St. Louis** (No. **Jewish Hospital**)

2. FULL NAME

Isador Enoch

(a) Residence, No. **5707 McPherson St.**, **5** Ward.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | 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 **Lula C. Enoch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12 - 1875**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	4	20	

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

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

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) **Germany**

13. NAME **Morris Enoch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Lula C. Enoch**
(ADDRESS) **5707 McPherson**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mt. Sinai** DATE **Oct. 4**, 19**32**

19. UNDERTAKER **H. Rindskopf**
(ADDRESS) **5216 Delmar**

20. FILED **OCT - 3 1932** **Maple St. Starkloff**
Regist'g

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 2**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **1915**, 19____, to **Oct - 1**, 19**32**

I last saw him alive on **Oct 1**, 19**32**. Death is said

to have occurred on the date stated above, at **4 A.M.**

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

Chc. Interstitial Nephritis
17 yr duration

Date of onset

Other contributory causes of importance:

Chc. Myocarditis
5 yr duration

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Nature of injury _____

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

If so, specify _____

(Signed) **Dr. Maurice A. Roubertal**, M. D.

(Address) **1212 Bell - 4500 Olive St.**

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.

