

" CORRECTED COPY "

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 7  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Jefferson Barracks (No. Veterans Administration Facility) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24288A  
Registered No. \_\_\_\_\_

2. FULL NAME Clyde Owen Enboden

(a) Residence, No. 108 W. 6th St., \_\_\_\_\_ St., \_\_\_\_\_ Ward Fairfield, Illinois  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred - yrs. 10 mos. 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Fort, Illinois

13. NAME George Enboden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Fort, Illinois

15. MAIDEN NAME Lura Osborn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Fort, Illinois

17. INFORMANT C. H. SMITH, M. D., Clin. Dir., Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Guy Mullen, Undertaker DATE \_\_\_\_\_

19. UNDERTAKER (ADDRESS) 4259 Lindell, St. Louis, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1932, to July 15, 1933

I last saw him alive on July 15, 1933. Death is said to have occurred on the date stated above, at 11:25 AM

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

Myocarditis, acute, associated with passive congestion of both lungs

Date of onset

Other contributory causes of importance:

Cerebral Arteriosclerosis with a Hemiplegia, Spastic, left

Name of operation None Date of \_\_\_\_\_  
X-ray Laboratory & Clinical  
What test confirmed diagnosis? Findings 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) C. H. SMITH, M. D., Act. Mgr., Vet. Adm. Facility, Jefferson Barracks, Mo.

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.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jefferson Registration District No. 785  
Township Baron Primary Registration District No. 6248  
City Jefferson St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Lyde Owen Emboden  
(a) Residence, No. 108 24 6 St. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 1 18

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

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Amable J. Engle Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on July 15 - 1933 Death is said to have occurred on the day stated above, at 11:25 a. m.

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

Myocardial infarction associated with fatty degeneration of the heart muscle  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Unsch. pt. in alcohol with the myocardial infarction

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) C. N. Smith, M. D.

(Address) Jefferson

SUPPLEMENTARY

INDICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. RI - DO NOT RECEI

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VETERANS ADMINISTRATION FACILITY

Jefferson Barracks, Mo.  
December 8, 1930.

CHS/EP

ENBODEN, Clyde Owen

Director of Census,  
Washington, D. C.  
(Attention - Vital Statistics.)

Dear Sir:

Enclosed is a corrected copy of the death certificate of the above named veteran; the corrections made consist of the change of the principal cause of death from Myocarditis, acute to Myocarditis, acute, associated with passive congestion of both lungs and the contributory cause from Arteriosclerosis to Cerebral Arteriosclerosis with Hemiplegia, Spastic, left.

By direction:

C.H. SMITH, M.D.  
Clinical Director.  
Jefferson Barracks, Mo.

enclosure

c.c. State Board of Health, Jefferson City, Mo. ✓