

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

Do not use this space.

1. PLACE OF DEATH
JUN 12 1937

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **1861**, So. **13th**)
 File No. **18400**
 Registered No. **4976**
 St. _____ Ward **23**

2. FULL NAME **Edward J. Enrich**
 (a) Residence, No. **1861** So. **13th** St., **23** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **55** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Enrich		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th., 1859		
7. AGE YEARS 78	MONTHS 0	DAYS 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Merchant		
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) 1937		11. Total time (years) spent in this occupation 50Yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
13. NAME Jacob Enrich		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Arthur Kaune 1820 Shild Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE May 18, 1937		
19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home, Inc. 1936 St. Louis Ave.		
20. FILED MAY 17 1937 <i>J. Predeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 15, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 10, 1937** to **May 15, 1937**
 I last saw him alive on **May 15, 1937** Death is said to have occurred on the date stated above, at **6:00 P.M.**
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Chronic Myocarditis
Arteriosclerosis

Other contributory causes of importance:

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? **No**
 If so, specify _____
 (Signed) *Arthur H. Hengel*, M. D.
 (Address) **1845 S. 14th**

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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