

OCT 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County St. Louis Registration District No. 790  
 Township Clayton Primary Registration District No. 60339  
 City Clayton (No. St. Louis County Hospital St.                      Ward)

 File No. 35310  
 Registered No. 346
2. FULL NAME George Ennis
 (a) Residence, No. 329 S. Millmore, Kirkwood, Mo. St.                      Ward.

 Length of residence in city or town where death occurred five yrs.                      mos.                      ds. How long in U. S., if of foreign birth? yrs.                      mos.                      ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE colored 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) Dec 15-1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 

<u>1</u>	<u>9</u>	<u>7</u>	
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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) Missouri13. NAME George Ennis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Mary Etta Wright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT mother, Mary Ennis (ADDRESS) 329 S. Millmore, Kirkwood,18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 9/23/3719. UNDERTAKER J. C. Lewis (ADDRESS) Western Avenue Mo.20. FILED 9/23 37 De la Regiorelli Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-38, 1922. I HEREBY CERTIFY, That I attended deceased from 9-14-47 to 9-22-37, 19I last saw him alive on 9-22-37, 19. Death is saidto have occurred on the date stated above, at 7:45 P.M.

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

 (Principal cause of death)  
Page 12 - See 75 Other disease of heart (acute dilatation) caused unknown
Date of onset 9/23/37

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                     , 19Where 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)                      M. D.(Address) St. Louis County HospitalClayton, 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.

95B

PLATE  
NOT REPRODUCED  
INITIALS

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

35-310  
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 790  
 (b) Township Clayton Primary Registration District No. 6033  
 (c) City Clayton (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Ennis

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	<u>9</u>	<u>7</u>	

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

9. Industry or business in which work was done, as 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) \_\_\_\_\_

FATHER

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

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

MOTHER

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

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 9/23 1937 Dr. J. J. Signorelli Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22 1937

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

acute dilatation of heart (cause unknown) 9/11/37

Date of onset \_\_\_\_\_

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

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? digital Was there an autopsy? yes

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) O. J. Nolan \_\_\_\_\_, M. D.  
 (Address) St Louis Co Hosp.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-35310