

N - 2 1938

RECORDED JAN 6 1939

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

44439

Do not use this space.

1. PLACE OF DEATH

(a) County ST LOUIS Registration District No. 784
(b) Township CLAYTON Primary Registration District No. 101 Registered No. 2161
(c) City CLAYTON (d) Street No. ST LOUIS COUNTY HOSP. 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

510 REGINA ENLOW
(a) Residence, No. 8926 DORA St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 SAM W.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 22, 1893
7. AGE YEARS 45 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) DEC 1938 11. Total time (years) spent in this occupation LIFE
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO.
FATHER 13. NAME GEO. FIRST
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY
MOTHER 15. MAIDEN NAME FRANCIS DUMPHY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO.
17. INFORMANT (ADDRESS) SAM W. ENLOW 8926 DORA
18. BURIAL, CREMATION, OR REMOVAL PLACE CAUVARY DATE JAN. 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Callahan & Kelly 7267 National Bridge
20. FILED JAN - 29 1939 K. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:10 A.M.
The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE

Date of onset

12/31/38

Other contributory causes of importance:

CARDIAC MYOPERTROPY

Name of operation _____ Date of _____
What test confirmed diagnosis? AUTOP.S.V. 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) John P. Brunell, M. D.
Address Prussie St. Louis Co.

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.

CLAYTON
NOT VALID

GENERAL MEMORANDUM

1/31/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

1/31

1/31/38

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Clement M. Neary

Licensed Embalmer No. 3732

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.