

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

5108
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) or **St. Louis, Mo.** (d) Street No. **City Hospital #1** St.
City..... (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **540 Ivy Enloe.**

(a) Residence, No. **1506a Benton Street.** St. **27** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah E. Enloe,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 82 Years

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Not known**
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) **Not known**

FATHER 13. NAME **Not known**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

MOTHER 15. MAIDEN NAME **Not known**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Henry Leidner Undertaking Co., 1417 N. Market Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem.** DATE **Feb. 23rd 1939**

19. FUNERAL DIRECTOR (NAME) **Henry Leidner Und. Co.** (ADDRESS) **1417 N. Market Street.**

20. FILED **FEB 24 1939** **J. D. Budick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/21**, 19**39**.

22. I HEREBY CERTIFY, That I attended deceased from **Feb 17**, 19**39** to **Feb 20**, 19**39**

I last saw him alive on **Feb 20**, 19**39**. Death is said to have occurred on the date stated above, at **8:15 A.M.**

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

Pneumonia Tuberc.
Feb 16/39 Date of onset **2/14/39**

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?.....

If so, specify.....

(Signed) **J. D. Budick**, M. D.

(Address) **2505 No. Pleasant**

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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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.