DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24082

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6355

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
De Paul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

10

(d) Street No. 3715 N. Taylor
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Infant Enstall 523

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced –

6. (b) Name of husband or wife –

6. (c) Age of husband or wife if alive – years

7. Birth date of deceased Stillborn July 18 1939
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Stillborn			hr. min.

9. Birthplace St. Louis Mo DePaul Hosp. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none 0

11. Industry or business 0

FATHER
12. Name Albert W. Enstall
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Heydrich
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. W. Enstall
(b) Address 3715 N. Taylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director [illegible]
(b) Address 1936 N. Tower Ave.

19. (a) JUL 19 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 - 1939 year hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Stillborn, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stillborn	
Due to Partially cord strangulation before	
Due to birth	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harlan Bierly (M. D. or other)
Address 4743 Natural Bridge Ave. Date signed 7/18/39

(Licensed Embalmer's Statement on Reverse Side)

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.

USE STANDARD BLACK INK—MAKE A PERMANENT RECORD

X19511

No embalming.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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