

FILED APR 19 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8739  
Registrar's No. 2222

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5558 Terry Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5558 Terry Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Peter Ennis  
(b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar 5 day March  
year 1940 hour 4 minute 35 A.M.  
21. I hereby certify that I attended the deceased from March 1st  
1940 to March 6th 1940  
that I last saw him alive on March 4th 1940  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
(b) Name of husband or wife Mary  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 29 1867  
(Month) (Day) (Year)

Duration  
Immediate cause of death apoplexy other  
Due to Cardio Renal dysfunction 4 yrs  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 15 yrs

8. AGE: Years Months Days If less than one day  
72 11 5 hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none  
Underline the cause to which death should be charged statistically.

10. Usual occupation Steam fitter  
11. Industry or business Board of Education  
12. Name Peter Ennis  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Glynn  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
16. (a) Informant Mrs. Packard  
(b) Address 5558 Terry  
17. (a) Burial (b) Date thereof 3/8/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Callan - Kelly  
(b) Address 1416 N. Taylor  
19. (a) MAR 5 1940  
(Date received local registrar)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Joseph M. Trigg (M. D. or other)  
Address 918 Metropolitan Building Date signed 3-5-40

**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 \_\_\_\_\_

James A. Lemmer, Registered Apprentice No. 188,  
working under my personal supervision.

Signed John Fitzgerald

Licensed Embalmer No. 131

P. O. Address St Louis

**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.**