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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19576

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 897

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St Johns Station
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8412 Hume Ave. 2
(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 3½ years

545

3. (a) PRINT FULL NAME Catherine Enlentrop

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 Widowed

6. (b) Name of husband or wife Joseph Enlentrop

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

7. Birth date of deceased Oct (Month) 16 (Day) 1847 (Year)

8. AGE: Years 92 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Berzenbruck (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business —

FATHER
12. Name ? Jansing 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name ? Krienst
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Henry Enlentrop
(b) Address 8412 Hume Ave

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 5-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna Mo

18. (a) Signature of funeral director Birmingham Funeral Home
(b) Address ~~Vienna~~ Vienna Mo

19. (a) MAY 8 - 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town ~~Venice~~ Vienna
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1940 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from May 1st, 1939, to May 8th, 1940; that I last saw her alive on May 7th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cerebral Hemorrhage~~	2 days
Due to Arterio-sclerosis	10 yrs
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations 8 7 a 1
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? 707 (Specify type of place)
While at work? (e) Means of injury

23. Signature H. T. Coleman M.D. (M. D. or other) 1
Address Pattonville Mo Date signed May 8, 40

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address _____

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.