

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3922 Shaw Blvd 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Rose G. McEnroe3. (b) If veteran, name was ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John E. McEnroe 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased August 23 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 1 hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Housewife 311. Industry or business g

MOTHER FATHER
 12. Name John Waters
 13. Birthplace Ireland (City, town, or county) (State or foreign country)
 14. Maiden name Maely Harv
 15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John E. McEnroe(b) Address 3922 Shaw Blvd17. (a) Burial (b) Date thereof Dec 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Peetz Brothers(b) Address 3029 Lafayette Ave19. (a) DEC 23 1940 (b) J. F. Frederick
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3922 Shaw Blvd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day December
year 1940 hour 8:30 minute A. M.21. I hereby certify that I attended the deceased from Nov 10
1940 to Dec 23 1940
that I last saw her alive on Dec 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Arteriosclerosis
 Due to Arteriosclerosis
 Due to Arteriosclerosis
 Other conditions Hypertension, V.I.H.
 (Include pregnancy within 3 months of death)
Senile Senescence
 Major findings:
 Of operations none
 Of autopsy none

Duration

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?

While at work? _____ (Specify type of place) (a) Means of injury _____

28. Signature Samuel Weeg (M. D. or other) me
Address 7906 N. Union Date signed 12/24/40

