S. No. 2
M—5-42
. 5-17-3
I 2873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35344

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9095

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 42 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 1734 Washington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Phillip Enoch

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Martha Enoch

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

7. Birth date of deceased January 10, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	20	hr. min.

9. Birthplace Malova (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Cashier

11. Industry or business Restaurant

FATHER
12. Name Samuel Enoch
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name (unk)
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Selma Enoch
(b) Address 5563 Delmar

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) OCT 31 1942 (Date received local registrar) J. E. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1942 hour 9 minute 15 A M.

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

Immediate cause of death Duration
Fracture of 4th to 9th Ribs right side. Comminuted Fracture of Right Ileum. Internal Hemorrhage when he was struck by a Page - Wellston Bus operated by one Roy Lee Meyers at the wellston Loop about 6 pm October 26-1942

Due to

Due to

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) Accident 000
(b) Date of occurrence October 26-1942
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)
Address [illegible] Date signed 10/31/42

(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.....

Licensed Embalmer No.....1597.....

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, fact should be so stated above.