

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41899**

Registrar's No. **2784**

Registration District No. **19754**

Primary Registration District No. **101**

96
306
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED: **96**
 (a) State: **Mo.** (b) County: **St. Louis**
 (c) City or town: **Maryland Heights**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Box 34, Fee Fee Rd. & Dorsett**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: **James D. Ennis**
 3. (b) If veteran, name war: **?**
 3. (c) Social Security No.: **?**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **27**
 year **1942** hour **5** minute **25 P.M.**
 21. I hereby certify that I attended the deceased from **12-25-42**
 _____, 19____, to **12-27-42**, 19____;
 that I last saw him alive on **12-27-42**, 19____;
 and that death occurred on the date and hour stated above.

4. Sex: **male** 5. Color or face: **white** 6. (a) Single, widowed, married, divorced: **single**
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: **March 17 1860**
 (Month) (Day) (Year)

Immediate cause of death: **Respiratory Failure** Duration: **30 min?**
 Due to: **Arteriosclerotic Heart Disease?**

8. AGE: Years **82** Months **9** Days **10** If less than one day
 hr. _____ min. _____

Due to: **age**
 Other conditions: **938**
 (Include pregnancy within 3 months of death)

9. Birthplace: **New Haven Conn. 1**
 (City, town, or county) (State or foreign country)
 10. Usual occupation: **none**

11. Industry or business: _____
 MOTHER FATHER {
 12. Name: **James D. Ennis**
 13. Birthplace: **Unknown Ireland 4**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **Rosie Cruise**
 15. Birthplace: **Unknown Ireland 4**
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: **St. Louis Co Hospital**
 (b) Address: **Clayton MO 1-2-43**
 17. (a) **Burial** (b) Date thereof: **12-27-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **Fee Fee Cemetery**
 18. (a) Signature of funeral director: **Bannan Brothers**
 (b) Address: **Overland MO**
 19. (a) **DEC 31 1942** (b) **E. J. McLaughlin**
 (Date received local registrar) (Registrar's signature)

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: **R. E. Preston** (M. D. or other) **MD**
 Address: **Overland** Date signed: _____

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 W G Peterson
Licensed Embalmer No. 3767
P. O. Address Overland Mo.

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.