

S. No. 2  
M-2-43  
5-1-1933  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26619

FILED SEP 11 1943 318

State File No. 7840  
Registrar's No. 7840

Registration District No. \_\_\_\_\_ Principal Registration District No. 1003

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis, 12  
(If outside city or town limits, write "RURAL") 9/6  
(d) Street No. 3904 Miami St.  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Harry J. Enstall  
3. (b) If veteran, name war No  
3. (c) Social Security No. 489-09-6170

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 30  
year 1943 hour 5 minute 06 P. M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Enstall  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased May 17, 1893  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
50 3 13 hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary embolism, compound fracture left hand when he was struck by a "chisel back" from a rip saw. He was operating at the Huttig Sash and Door Co., 1206 As Vandeventer about 3.50 PM Aug 30 1943  
Duration \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
176  
6

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0  
10. Usual occupation Millman Woodworker  
11. Industry or business Huttig Sash & Door Co.

Major findings: Of operations 176  
Of autopsy 6  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name Charles J. Enstall  
13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Wilmina Obershall  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Pearl Enstall  
(b) Address 3904 Miami St.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 2 43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Frieden's Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Aug 30 1943  
(c) Where did injury occur? at home (City or town) (County) (State) 000  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial  
While at work? yes (Specify type of place) (e) Means of injury rip saw

18. (a) Signature of funeral director J. F. Brueck  
(b) Address 3634 Gravois Ave.  
19. (a) SEP 11 1943 (Date received from registrar) (b) J. F. Brueck (Registrar's signature)

23. Signature Alfred P. ... (M.D. or other) \_\_\_\_\_  
Address St. Louis, Mo Date signed 9/1/43

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

**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 Frank J. Myland

Licensed Embalmer No. 2645

P. O. Address St. Louis, 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.**