S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

29288

State File No.

Registrar's No. 7746

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Frisco Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1267 Amherst Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dennis J. Enright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Enright

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

7. Birth date of deceased April 19th, 1881
(Month) (Day) (Year)

8. AGE: Years 63 | Months 4 | Days 17 | If less than one day hr. min.

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

10. Usual occupation Railway Clerk

11. Industry or business Frisco R. R.

FATHER
12. Name John Enright
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Begare
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Margaret Enright (Wife)
(b) Address 1267 Amherst Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 North Euclid Ave.

19. (a) SEP 7 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 6 day
year 1944 hour 1 a.m. minute M.

21. I hereby certify that I attended the deceased from ~~July 9, 1944~~ Sept 6, 1944 that I last saw him alive on Sept 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach — Duration

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)
(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 [signature] (M. D. or other)
Address Frisco Hosp., St. Louis Date signed 9/6/44

(Licensed Embalmer's Statement on Reverse Side)

(Malles)

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 Eugene H. Sullivan

Licensed Embalmer No. #2930

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.