S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7411

FILED FEB 19 1946

Registration District No. 3189

Primary Registration District No. 1003

Registrar's No. 1139

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
2609 S. Grand Blvd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ob

(c) City or town Saint Louis 1/17
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Robert L. Enscore

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased August 7, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	24	hr. min.

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

10. Usual occupation Shipping clerk (retired)

11. Industry or business

FATHER
12. Name Robert L. Enscore
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hale
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. S. Shaw,
(b) Address 2609 S. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington

19. (a) FEB 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1946 hour 9:30 minute A M

21. I hereby certify that I attended the deceased from Jan 22, 1946, to Feb 1, 1946
that I last saw him alive on Feb 1st, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Uraemia	3 da.
Due to Chronic Int Nephr.	5 yrs
Due to Arteriosclerosis	5 m
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. D. Auffler Jr. M.D.

Address 3103 Arsenal St. Date signed 2/4/46

(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 Philip M. Leroy

Licensed Embalmer No. 3281

P. O. Address 446 S Washington

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.