. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1947 #69838 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15045

Registration District No. ..... Primary Registration District No. ..... 1003 Registrar's No. 2741

1. PLACE OF DEATH:

(a) County .....

(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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St Clair 999

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

(d) Street No. 419 N 21 St
(If rural, give location)

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

3. (a) PRINT FULL NAME LAWRENCE ENRIGHT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 16th 1883 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Fireman

11. Industry or business .....

FATHER
12. Name James P. Enright
13. Birthplace Mo Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Julia
15. Birthplace Mo Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Frank Enright
(b) Address 1419 E St Louis

17. (a) Burial, cremation, or removal Burial (b) Date thereof (Month) (Day) (Year) 4-9-47
(c) Place: burial or cremation Catawissa Mo

18. (a) Signature of funeral director Geo. W. Brueckner Jr.
(b) Address 2711 Ida St. E St Louis

19. (a) APR 9 1947 (Date received local registrar) (b) J. F. Bresick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1947 hour 7:45 minute A M.

21. I hereby certify that I attended the deceased from 3/30/47, 19..., to April 7th, 1947, that I last saw he alive on April 7th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Rt. Cerebral Vessels Artery — Duration

Due to Cerebral Embolus

Due to Resulted Encephalomalacia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy As above

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 which place)

While at work? (e) Means of injury .....

23. Signature John E. Peck M.D. (M.D. or other)

Address 1515 Lafayette Date signed 4/7/47

(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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 242

P. O. Address ST L 20

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.