

FILED AUG 7 1947
810

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25154

Registration District No. 810

Primary Registration District No. 3058

Registrar's No. 125

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1700 Tompkin Street
(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 St. Charles 92
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1700 Tompkin Str. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Pauline Eno

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Eno 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October 27, 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Meyer 9
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Eno
(b) Address 1700 Tompkin Str., St. Charles, Mo.

17. (a) Burial (b) Date thereof July 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Naelsmann - Paul
(b) Address 326 N. 6th Str., St. Charles, Mo.

19. (a) 7-28-47 (b) Frankie Hamerton
(Date received local registrar) (Registrar's signature) 9 011

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1947 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-27, 1946, to 7-2, 1947
that I last saw him alive on 7-2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis ?
Due to Coronary Arteriosclerosis ?

Due to _____
Other conditions no
(Include pregnancy within 3 months of death) 9 4 1/2

PHYSICIAN
Major findings: None
Of operations _____
Of autopsy _____
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 0

23. Signature R. O. Hayden (M. D. or other) M.D.
Address 207 N. 5th St. Date signed 2/3/47

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

RECEIVED
District Health Officer No. 9,
District File Number 8-5-47
Date Filed

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 *Arthur C. Bane*
Licensed Embalmer No. 2151
P. O. Address *St. Charles, 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.