32203

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 159

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

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: 1819 North Third 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 (If outside city or town limits, write "RURAL") 9
(d) Street No. 1819 North Third Street (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bridget Enright
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pat Enright, deceased
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 3 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	5	27	hr. min.

9. Birthplace Iron Mountain (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Pat Dockery
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Mary Parker
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mrs. Mary Moore
(b) Address 1819 N. Third-St.Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem St. Charles, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd-St.Charles, Mo.
19. (a) 9/4/47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1947 hour 12:10 minute P.M.
21. I hereby certify that I attended the deceased from June, 1946, to August 30, 1947 that I last saw her alive on August 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 week
Due to arteriosclerotic heart disease	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	5 years

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: No
(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
Signature George E Kirsch (M. D. or other) MD
Address St Charles Mo Date signed 9-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 17 1947

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 Joseph I. Landock

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.