No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39619
10632

FILED NOV 28 1947

Registration District No. 518 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Pacific Hospital ( )
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 days (Specify whether
In this community years, months or days)

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. 3647 Humphrey St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA ELIZABETH ENNEY
EMMA Elizabeth Enney

3. (b) If veteran, name war no
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 Frank C. Enney
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July (Month) 16, (Day) 1872 (Year)

8. AGE: Years 75 Months 4 Days 2 If less than one day hr. min.

9. Birthplace New Albany (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joseph Erb
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Mary (?)
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Frank C. Enney
(b) Address 3647 Humphrey
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 19-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Albany, Indiana
18. (a) Signature of funeral director Peetz Funeral Home
(b) Address 3029 Lafayette Ave
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Braeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1947 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from June, 1947 to Nov 18, 1947
that I last saw her alive on Nov 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis
Chronic Myocardial failure
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death) 93
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address 755 So. Grand Date signed 11-18-47

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

Jefferson City Printing Co. (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.....

Licensed Embalmer No. ~~XXXX~~ 4242

P. O. Address 3029 Lafayette

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.