FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21115

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5523

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 5207 CATES AVE
(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 Mo (b) County 600
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5207 CATES AVE 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 12
If yes, name country

3. (a) PRINT FULL NAME MICHAEL JOS. McENERY
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 MARRIED
6. (b) Name of husband or wife ELIZABETH
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JAN. 10 1873 (Month) (Day) (Year)

8. AGE: Years 75 | Months 5 | Days 7 | If less than one day hr. min.
9. Birthplace IRELAND (City, town, or county) (State or foreign country) 7
10. Usual occupation PERSONNEL DEP'T.
11. Industry or business ST. L. MET. POLICE DEP'T
FATHER
12. Name WILLIAM McENERY
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name MARY BEGLEY
15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs Elizabeth McEnery
(b) Address 5207 Cates Ave
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM
18. (a) Signature of funeral director L. Mullen and Co
(b) Address 5165 Delmar Blvd
19. (a) JUN 18 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17th year 1948 hour 2 minute 4 A.M.
21. I hereby certify that I attended the deceased from Dec 1 1941 to June 17 1948 that I last saw him alive on June 10 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocarditis Chr.
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Joseph W. Larmore (M. D. or other)
Address 3720 Washington Ave Date signed 6/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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. 3384

P. O. Address.....

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.