

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27985**  
Registrar's No. **7548**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lutheran Hospital (Coroner's)**  
(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

3: (a) PRINT FULL NAME **MICHAEL J. McENNIS**

3: (b) If veteran, name war **None** 3: (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6: (b) Name of husband or wife **Emma Mc Ennis** 6: (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **July 21 1868**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Guard**

11. Industry or business **Scullin Steel Co.**

12. Name **Michael J. Mc Ennis**

13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16: (a) Informant **Mrs Emma Mc Ennis**

(b) Address **4642 Tower Grove Pl.**

17: (a) **Burial** (b) Date thereof **8-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S/S Peter & Paul**

18: (a) Signature of funeral director **Kriegshauser Und.**

(b) Address **4228 So. Kingshighway Blvd.**

19: (a) **AUG 28 1948** (Date received local registrar) **J. F. Brennan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4642 Tower Grove Pl.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **26**  
year **1948** hour **7:30** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of skull; fracture of Pelvis, when the automobile was riding in and driven by one Earl Joseph Karcher, attempted to pass a truck and collided with an automobile driven by one Louis Arment, at the intersection of Highways #61 and #67, with County Road #2 in Jefferson County, Missouri, around 4:15 PM. CST August 26, 1948.**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **170**  
Of autopsy **Flu**

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) **OPEN VERDICT**  
(b) Date of occurrence **Aug. 26, 1948**  
(c) Where did injury occur? **see above**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **public place**

While at work? \_\_\_\_\_ Means of injury **see above**  
23. Signature **Phel Perry** (M. D. or other) \_\_\_\_\_  
Address **Righty** Date signed **8/29/48**

WRITE PLAINLY—USE 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

*Richard W. Stovesand*

Licensed Embalmer No. *4007*

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.**