

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1950

State File No. 7133

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5070 Registrar's No. 506

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-WEBSTER</b> c. LENGTH OF STAY (in this place) <b>3 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-WEBSTER GROVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>712 CORNELL GROVE</b>		d. STREET ADDRESS (If rural, give location) <b>712 CORNELL 4590 MO.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSIE</b>	b. (Middle) <b>ENNIS</b>	c. (Last) <b>ENNIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-25-50</b>
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5. SEX <b>M. V</b>	6. COLOR OR RACE <b>NEBRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>3-9-04</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LABOR</b>	11. BIRTHPLACE (State or foreign country) <b>Stensol MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.B.</b>
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13a. FATHER'S NAME <b>Joney Annis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Rodgers</b>	14. NAME OF HUSBAND OR WIFE <b>THEODO ENNIS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>492-03-2641</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Theodor Ennis</b>	ADDRESS <b>712 CORNELL</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1 Month</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Webster Groves St Louis MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>

22. I hereby certify that I attended the deceased from **1-24, 1950**, to **2-25, 1950**, that I last saw the deceased alive on **2-25, 1950**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frankie S. Alexander M.D.</b>	23b. ADDRESS <b>177 E. Kirkham Webster Groves</b>	23c. DATE SIGNED <b>2-27-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-3-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grady Dickson</b>	24d. LOCATION (City, town, or county) (State) <b>Big Bend Rd. Sappington</b>
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DATE REC'D BY LOCAL REG. <b>2-27-50</b>	REGISTRAR'S SIGNATURE <b>Herbert S. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter S. Allen</b>	ADDRESS <b>4368 Washington</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frederic J. Gardner*

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge  
Westly Brook

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.