

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22947

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>346</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>St Louis Co</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>19 1/2; 10 1/2; 5 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis city 2-079</u>		d. STREET ADDRESS (If rural, give location) <u>unk</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>									
3. NAME OF DECEASED (Type or Print) <u>ENRIQUE</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>Philippino</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single (1)</u>		8. DATE OF BIRTH <u>15 Aug 1899</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>11</u>		IF UNDER 1 YEAR Days <u>10</u>		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>PHILIPPINE Islands 7</u>		12. CITIZEN OF WHAT COUNTRY? <u>unk</u>		
13a. FATHER'S NAME <u>unk</u>			13b. MOTHER'S MAIDEN NAME <u>unk</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>		ADDRESS <u>Fulton</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				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.								<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1 Jan</u> , 19 <u>48</u> , to <u>25 July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>25 July</u> , 19 <u>50</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>G.S. Waraie</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>25 July 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/28/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANATOMICAL BOARD</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>			
DATE REC'D BY LOCAL REG. <u>July 29-1950</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Funeral Home, Fulton, Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1950

DISTRICT OF COLUMBIA
FILE NO.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Walter J. Harris*
Licensed Embalmer No. *4557*

P. O. Address *Fulton, Md.*

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.