

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24738  
6536  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		a. STATE 3919 A Sullivan Ave. Mo.	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3919 A Sullivan Ave.		d. STREET ADDRESS (If rural, give location) 3919a Sullivan	

3. NAME OF DECEASED (Type or Print)	a. (First) Michael	b. (Middle) Enright	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 30 1950
-------------------------------------	--------------------	---------------------	-----------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4-1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
-------------	------------------------	--	------------------------------	------------------------------------	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (State or foreign country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U
---	---	--	--------------------------------

13a. FATHER'S NAME Bernard Enright	13b. MOTHER'S MAIDEN NAME n/a	14. NAME OF HUSBAND OR WIFE NELL ENRIGHT
------------------------------------	-------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. #1	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME NELL ENRIGHT	ADDRESS 3919a Sullivan
--	-------------------------	--	------------------------

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) Arterio sclerotic heart disease		
	ANTECEDENT CAUSES Acute Coronary Art. Occlusion		
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		5 min.	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mod advanced pulm tuberculosis		1 year	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) m.	21e. INJURY, OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O/A
--	---	----------------------------------

22. I hereby certify that I attended the deceased from 7-21, 1950, to 7-30, 1950, that I last saw the deceased alive on 7-29, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE John J. Hammond M.D. (Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 7/30/50
---	---------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) V	24b. DATE Aug. 2-1950	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo
---	-----------------------	--	--

DATE REC'D BY LOCAL REG. JUL 31 1950	REGISTRAR'S SIGNATURE J. B. Franklin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid.
--------------------------------------	--------------------------------------	---

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

SEP 5 1951

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.

Signed.....  
Student Embalmer

Signed *Robert L Brinkman*  
Student Embalmer No.....

Licensed Embalmer No. *3553*

P. O. Address *St Louis Mo*

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.