

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26633

FILED JUL 25 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1945

1. PLACE OF DEATH a. COUNTY St. Louis County <i>U</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis <i>4425</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) <i>4425</i> OR TOWN Richmond Heights <i>0</i>	
c. LENGTH OF STAY (In this place) <i>1 yr.</i>		d. STREET ADDRESS (If rural, give location) <i>6420 Clayton Road</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) Sister Mary Lydia Enning	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1952
--	------------	-------------	-----------	---

5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <i>()</i>	8. DATE OF BIRTH Feb. 3, 1877	9. AGE (In years last birthday) 75	10. MONTH 5	11. DAY 15	12. IF UNDER 18 HRS. Hours Min.
-----------------	------------------------	---	-------------------------------	------------------------------------	-------------	------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Germany <i>4</i>	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	--	---------------------------------------

13a. FATHER'S NAME Johann Enning	13b. MOTHER'S MAIDEN NAME Maria Neinken	14. NAME OF HUSBAND OR WIFE NONE
----------------------------------	---	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Mary Servatia, S.S.M. 6420 CLAYTON
---	------------------------------	---

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, asphyxia, 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) Cardiac failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular disease DUE TO (c) Gastric obstruction due old D. U.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>422.1</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 7-4, 1952, to 7-18, 1952, that I last saw the deceased alive on 7-17, 1952, and that death occurred at 9:15 am., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>0</i>	23b. ADDRESS Missouri Theatre Building	23c. DATE SIGNED 7-19-52
--	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 21, 1952	24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL GEN.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. 7-19-52	REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> 6536 Clayton Rd.
----------------------------------	--	--

S.W. (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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address H. Lewis

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.