

STANDARD CERTIFICATE OF DEATH

FILED SEP. 8 - 1952

State File No. ....

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8162

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>6-Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>619 North Second Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Mother Josephine Teresa Mc Ennis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 26 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 8, 1863</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Michael J. Mc Ennis</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza T. Dunn</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mother Dugas, St. Charles, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis &amp; arterio. sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Gangrenous appendicitis Pt. Lower lobe pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Malnutrition</u>			

19a. DATE OF OPERATION <u>7-22-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous appendix</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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? <u>5500</u>	

22. I hereby certify that I attended the deceased from July 19, 1952 to 8-26, 1952 that I last saw the deceased alive on 8-26, 1952 and that death occurred at 1:50p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. Groves MD</u> (Degree or title)		23b. ADDRESS <u>539 N. Grand Blvd St. Louis</u>		23c. DATE SIGNED <u>8-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 29, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>AUG 28 1952</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith MD</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dal Imeyer &amp; Sons Co.</u>		ADDRESS <u>St. Charles, Mo.</u>	
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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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.