

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH43399  
State File No. \_\_\_\_\_  
Registrar's No. **11390**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **St. Louis**

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

**Missouri**

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **St. Louis** **2039**d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION **Missouri Baptist Hospital**

d. STREET ADDRESS

(If rural, give location)  
**6525 Mardell Ave.**3. NAME OF DECEASED  
(Type or Print)

a. (First)

**Thurman**

b. (Middle)

**J.**

c. (Last)

**Ennis**4. DATE OF DEATH (Month) (Day) (Year)  
**Dec. 10, 1952**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

## 8. DATE OF BIRTH

**1888**

## 9. AGE (In years last birthday)

**64**

IF UNDER 1 YEAR Months Days

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Watchman**

10b. KIND OF BUSINESS OR INDUSTRY

**Pinkerton Agency**

11. BIRTHPLACE (State or foreign country)

**Fredericktown, Mo.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

## 13a. FATHER'S NAME

**John Ennis**

## 13b. MOTHER'S MAIDEN NAME

**Agnes Elizabeth Revelle**

## 14. NAME OF HUSBAND OR WIFE

**Minnie**

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.

**Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

**Mrs. Fred F. Farrar, 5723 Olothia Ave.**18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral thrombosis**

## MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH  
**27mo 23da**

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Cerebral arteriosclerosis**

DUE TO (c)

## 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

20. AUTOPSY?

YES  NO 

19c. 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  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR

**334X**22. I hereby certify that I attended the deceased from **Sept. 17, 1952** to **Dec. 10, 1952** that I last saw the deceased alive on **Dec. 9, 1952** and that death occurred at **4:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE

**Harford Phillips M.D.**

(Degree or title)

23b. ADDRESS

**1417 N. Union**

23c. DATE SIGNED

**12-10-52**

24a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

24b. DATE

**12-11-52**

24c. NAME OF CEMETERY OR CREMATORY

**Christian**

24d. LOCATION (City, town, or county)

**Fredericktown, Mo.**

(State)

DATE REC'D BY LOCAL REG.

**DEC 10 1952**

REGISTRAR'S SIGNATURE

**J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE

**Albert H. Hoppe, 4700 Washington Blvd.**

ADDRESS

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 *John Shlemky*

Licensed Embalmer No. *419d*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. 43399  
Local Registrar's No. 11390

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appears \_\_\_\_\_

for Sherman J. Ennis, who, upon \_\_\_\_\_ oath, states that the original record of birth  
died 12-10, 1952, in the State of  
born \_\_\_\_\_  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read April 30 - 1888

Instead of \_\_\_\_\_ 86

Item No. 9 should read age 64

Instead of \_\_\_\_\_ 66.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert H. Hopper F. D.  
Relationship.

4700 Washington  
Present Address.

Subscribed and sworn to before me this 20 day of Jan, 1953

My Commission expires 3-4-53 Ever J. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

