

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7515**
Registrar's No. **1240**

FILED FEB 25 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MISSOURI		c. LENGTH OF STAY (in this place) 20 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS Sullivan 036			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 220 N. Center			
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE		b. (Middle) _____		c. (Last) ENLOE		4. DATE OF DEATH (Month) 1 (Day) 31 (Year) 53	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 17, 1880	
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months _____ Days _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James Eoss		13b. MOTHER'S MAIDEN NAME Belle Vaughan		14. NAME OF HUSBAND OR WIFE Walter Enloe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie West 7311 S. Grand			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis - phlebo DUE TO (c) Cold 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca hepatic flexure				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Ca hepatic flexure - 2nd & 3rd - hemorrhagic				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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from JAN. 11, 1953 , to JAN 31, 1953 , that I last saw the deceased alive on JAN 31, 1953 , and that death occurred at 4:35 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE A. London		(Degree or title)		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 1-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-3-53		24c. NAME OF CEMETERY OR CREMATORY Burbon Cem.		24d. LOCATION (City, town, or county) (State) Burbon, Mo.	
DATE REC'D BY LOCAL REG. FEB 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand			

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

David Van Fossan

Licensed Embalmer No.

4242

P. O. Address

6322 S. Glen

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.