V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16616

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5190 Registrar's No. 1033

4000
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1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UPLANDS VILLAGE
c. LENGTH OF STAY (In this place): 27 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3621 PINE GROVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: UPLANDS VILLAGE
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural give location): 3621 PINE GROVE

4160
0
0

3. NAME OF DECEASED (Type or Print)
a. (First): BESSYE
b. (Middle): V.
c. (Last): ENRIGHT

4. DATE OF DEATH (Month) (Day) (Year): APR-8-1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT-20-1889
9. AGE (In years last birthday): 63 — If under 1 year: Months 5, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): ST. CHARLES - MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ROBERT MATTHEWS
13b. MOTHER'S MAIDEN NAME: ELLA BATCHELOR
14. NAME OF HUSBAND OR WIFE: DR. GEORGE M. ENRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Dr. George M. Enright
ADDRESS: 3621 Pine Grove

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 157X
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
general carcinomatosis
secondary anemia

19a. DATE OF OPERATION: Oct 3-52
19b. MAJOR FINDINGS OF OPERATION: carcinoma of pancreas with metastasis
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 2, 1952, *to* April 8, 1953, *that I last saw the deceased alive on* April 8, 1953, *and that death occurred at* 1:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward L. Snyder (Degree or title): M.D.
23b. ADDRESS: 705 Olive St.
23c. DATE SIGNED: 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-11-53
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEM
24d. LOCATION (City, town, or county) (State): ST. CHARLES - MO

DATE REC'D BY LOCAL REG.: 4-10-53
REGISTRAR'S SIGNATURE: Herbert R. Domke, MD
25. FUNERAL DIRECTOR'S SIGNATURE: L. R. Tanner
ADDRESS: 6707 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed J. W. Dunbley

Licensed Embalmer No. 3653

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.