

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28661

FILED AUG 23 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 169

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| 1. PLACE OF DEATH a. COUNTY <u>Saint Charles</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) OR TOWN <u>Saint Charles</u> | | c. LENGTH OF STAY (in this place) <u>5 days</u> | c. CITY OR TOWN <u>Saint Charles</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Saint Joseph's Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>311 South Third St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Theodore</u> | b. (Middle) | c. (Last) <u>Enright</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1954</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 18, 1905</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dishwasher</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Red Meiers Res.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Fred Walkenhorst</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Stein</u> | 14. NAME OF HUSBAND OR WIFE <u>Michael Joseph Enright</u> |
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| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>M.J. Enright, Jr.,</u> ADDRESS <u>Saint Charles, Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uræmia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Gen Arterio sclerosis 10 yrs?</u> | | <u>10 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from July 25, 1954, to Aug 15th, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>A. P. Enrich, M.D.</u> | 23b. ADDRESS <u>St. Charles Mo.</u> | 23c. DATE SIGNED <u>Aug 16/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 17, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Borromeo Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug 16 1954</u> | REGISTRAR'S SIGNATURE <u>Fannie Hummelton</u> | 294-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.C. Deelmeier & Son</u> ADDRESS <u>St. Charles, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1958

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 *Frank R. Amalson*.....

Licensed Embalmer No. *48*.....

P. O. Address *M. Cha*.....

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.