

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11626

FILED MAR 29 1957

STATE FILE NUMBER
635

Registration District No. 312 Primary Registration District No. 500 Registrar's No.

Health, Welfare, Public Service
100-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, give TOWNSHIP only) WPLANDS PARK		a. STATE MISSOURI		b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) WPLANDS PARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWNSHIP WPLANDS PARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3691 PINE GROVE				Length of stay in lb years		d. STREET ADDRESS (If outside, give location) 3691 PINE GROVE	
3. NAME OF DECEASED (Type in full) MR. GEORGE M. ENRIGHT				4. DATE OF DEATH 3-5-57		5. SEX M	
6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB-7-1881		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY DENTIST		11. BIRTHPLACE (City and state or country) MITCHELL, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JOHN A. ENRIGHT				14. MOTHER'S MAIDEN NAME ANNA N. REDDINGTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Judith Penning, CLARK			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____						INTERVAL BETWEEN ONSET AND DEATH 4-5 da.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3-1-57 to 3-4-57 and last saw him her alive on 3-4-57 Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leo F. Donley M.D.				22b. ADDRESS 2739 N. Grand		22c. DATE SIGNED 3-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
REMOVAL		MAR-9-1957		DAK GROVE CEM.		ST. CHARLES - MO	
24. FUNERAL DIRECTOR L. B. Tanner				ADDRESS 6107 Natural Bridge		25. DATE RECD. BY LOCAL REG. 3/8/57	
				26. REGISTRAR'S SIGNATURE Hubert B. Donley M.D.			

(Licensed Embalmer's Statement on Reverse Side)

87.

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 *John J. Haines*

Licensed Embalmer No. 4102

P. O. Address *Shelburne*

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.