

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-038516**

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10446**

STATE FILE NUMBER

**FILED NOV 15 1961**

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>3 Days</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		c. CITY OR TOWN <b>Overland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2335 Woodson</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <b>Kurt</b> Middle <b>Edward</b> Last <b>Enlow</b>			4. DATE OF DEATH Month <b>11-</b> Day <b>8-</b> Year <b>61</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-5-61</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b>		IF UNDER 24 HR Hours <b>3</b> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>								
13a. FATHER'S NAME <b>James Enlow</b>			13b. MOTHER'S MAIDEN NAME <b>Judy Hogan</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT <b>James Enlow, 2335 Woodson</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
IMMEDIATE CAUSE (a)	<b>Anoxemia -</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Respiratory failure</b>	
DUE TO (b)	<b>Prematurity - 24 wks gestation</b>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <b>T62.5</b>	
20c. TIME OF INJURY Hour . . . . . Month, Day, Year a.m. . . . . p.m. . . . .		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 <b>5 Nov 61</b> to <b>8 Nov 61</b> and last saw her/him alive on <b>11 am 8 Nov 61</b> . Death occurred at <b>11 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles Boles M.D.</b>		22b. ADDRESS <b>35 N. Central Clayton Mo.</b>	
22c. DATE SIGNED <b>9 Nov 61</b>		23. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-10-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Earl Hilleman Overland, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 10 1961</b>	
26. REGISTRAR'S SIGNATURE <b>Loart Smith. M.D.</b>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

THE WITNESSES SHOULD READ

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Em Skellman

Licensed Embalmer No. 3501

P. O. Address Bellevue

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.