

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4803
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis, Mo. Registration District No. 791
(b) Township..... Primary Registration District No. 1003 Registered No. 1448
(c) City..... (d) Street No. 4923 Genevieve St. 7
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mary Enwright 5-62
(a) Residence, No. 4923 Genevieve St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE # 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED
(OR) WIFE OF William Enwright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 6 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

- FATHER 13. NAME Richard Cairns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

- MOTHER 15. MAIDEN NAME Mary Powers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Nellie Scott
4923 Genevieve

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2/10/38

19. FUNERAL DIRECTOR (ADDRESS) Sullivan Und. Co.,
2849 No. Euclid.

20. FILED 9 1938
J. P. Budach

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-38 19
22. I HEREBY CERTIFY, That I attended deceased from 7-14-36 to 2-7-38, 19
I last saw her alive on 2-6-38, 19. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Date of onset and known

- Other contributory causes of importance:
none

- Name of operation same Date of.....
What test confirmed diagnosis? hematocrit Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Walter H. Spelman, M. D.
(Address) 1506 S. T. Jones

WHILE IN LABEL, WITH GRADING INSTRUMENTS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Specimen
1506 202.400
- Cont 0638

STATEMENT BY LICENSED EMBALMER

I, Eugene H. Sullivan, Licensed Embalmer No. 2930
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Eugene H. Sullivan
Licensed Embalmer No. 2930

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.)