DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31297

REC'D OCT 14 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8360

1. PLACE OF DEATH: 3

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home for the Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6yrs.8mo.18days
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Patrick McEnerny 256

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 26 (Day) 1870 (Year)

8. AGE: Years 69 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Day Laborer 1

11. Industry or business 9

FATHER
12. Name Patrick Mc Enerny
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Anna Reilly
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister Irenee
(b) Address 3400 So. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director H Gibson Lewis & Co
(b) Address 2842 Meramec St.

19. (a) SEP 29 1939 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1939 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 3 2, 1939, to Sept 29, 1939; that I last saw him alive on Sept 29, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 hr

Due to Arterio-Sclerosis — 6 yrs

Due to Hypertensive Disease — 6 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Union Clerk Bl. Date signed 9/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 x19511

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St. 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 this body is not embalmed, above space should be left blank.