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7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28616  
State File No. \_\_\_\_\_  
Registrar's No. **7134**

**FILED** AUG 27 1946  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1423 North 23rd. St.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT Charles Edw. Enloe  
FULL NAME  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 499-01-7597

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 15th.  
year 1946 hour 1:30 minute 10 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Enloe  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Jan. 27th. 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 63 Months 6 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Coronary Thrombosis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace West Plains, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinists  
11. Industry or business Sterling Alum. Products

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Enloe  
(b) Address 1423 North 23rd. St.

17. (a) Burial Sullivan Funeral Dir. (b) Date thereof 8/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation 2849 Euclid Ave.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address St. Matthews Cemetery

19. (a) AUG 16 1946 (b) J. F. Brudeck  
(Date received local health officer) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 8-16-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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215294

0-0-01  
2117  
10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Coroners Case.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Robert I. Brinkman*  
Licensed Embalmer No. *2553*  
P. O. Address.....

**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, fact should be so stated above.**