No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7244

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 427

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6738 Vermont Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William B. A. Enloe

3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ollie
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased December (Month) 3rd (Day), 1872 (Year)

8. AGE: Years 74 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Bourbon (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name Alfred Enloe
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Gasperson
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ollie Enloe
(b) Address 6738 Vermont, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker-Helderle U. & L. C.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) 2-27-47 (Date received local registrar) (b) Ruth I. Allen, M.D. (Registrar's signature) BC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1947 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 17, 1947, to Feb 23, 1947 that I last saw h[illegible] alive on Feb 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	2 yrs
Due to: arteriosclerosis 93 d	?
Hypertension	?
Due to	
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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Max Stachloff (M. D. or other) MD
Address 512 Dam Pl. Date signed 2/24/46

(Licensed Embalmer's Statement on Reverse Side)

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 C. Wheeler

Licensed Embalmer No. 2178

P. O. Address 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, fact should be so stated above.