

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24763

State File No.

6753

Registrar's No.

FILED AUG 13 1949

318

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|---|----------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>23 I413 South 8th. St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5922 Shulte Ave.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>DeVere</u> c. (Last) <u>Enloe</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8/2/49</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11/15/1883</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 11 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>unknown</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Jacob Buechlein</u> | | 13b. MOTHER'S MAIDEN NAME <u>Demper</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles E. Enloe</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward DeVere 5922 Shulte Ave.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>3 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1816</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>592X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8/1/49</u> to <u>8/2/49</u> , that I last saw the deceased alive on <u>8/1/49</u> , and that death occurred at <u>11:30 p.m.</u> from the cause and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or print) <u>Ed. DeVere</u> | | | | 23b. ADDRESS <u>5922 Shulte Ave.</u> | | 23c. DATE SIGNED <u>8/3/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/5/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u> | | |
| DATE REC'D BY LOCAL REG. <u>AUG 3 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lavater</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Funeral Dir. 2849 Euclid</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Gustav W. Duttle

Signed.....
Student Embalmer

Licensed Embalmer No. 4-329

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.