V.S. No. 300
Rev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42447
Registrar's No. 10652

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
d. STREET ADDRESS (If rural, give location): NR- 340 Calvert Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Deborah
b. (Middle): Alice
c. (Last): Enk

**4. DATE OF DEATH** (Month) (Day) (Year): Dec 11, 1949

**5. SEX**: F. 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): 1
**8. DATE OF BIRTH**: Nov. 27, '49
**9. AGE** (In years last birthday): —
If under 1 year: Months 0 Days 14
If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): —
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S

**13a. FATHER'S NAME**: Eugene S. Enk
**13b. MOTHER'S MAIDEN NAME**: Miriam Almstedt
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Eugene S. Enk, 340 Calvert Dr.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Spina Bifida - infected — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congenital
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: None

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: None
**20. AUTOPSY?** YES ☐ NO ☐

**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): —
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): — m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

157 751X

22. *I hereby certify that I attended the deceased from* 11/27/49, 19___, *to* 12/11/49, 19___, *that I last saw the deceased alive on* 12/10/49, 19___, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Frank P. Gaunt MD
**23b. ADDRESS**: 13 N. Gore, Webster Groves Mo
**23c. DATE SIGNED**: 12/12/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 12/12/49
**24c. NAME OF CEMETERY OR CREMATORY**: St. Johns
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: DEC 12 1949
REGISTRAR'S SIGNATURE: J B Lasater

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Drehmann-Harral 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gaunt,
13a N Gore
8 to 9

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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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Albert R. Thompson Jr.

Licensed Embalmer No. 42 37

P. O. Address St. Louis

**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.