

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2456

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 140

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 township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6216 Virginia</u>	

3. NAME OF DECEASED
(Type or Print)

a. (First) Nora b. (Middle) Enright c. (Last)

4. DATE OF DEATH Jan. 5, 1950
(Month) (Day) (Year)

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-3-1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME James Enright 13b. MOTHER'S MAIDEN NAME Mary Lane 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs H. S. Frederick ADDRESS 5111 S. Grand

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		INTERVAL BETWEEN ONSET AND DEATH <u>28 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		2
	ANTECEDENT CAUSES DUE TO (b) <u>arterio sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Hepatic flexure of colon</u>		May 12, 1948	

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Hepatic flexure of colon 5/12/48 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)
St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from Nov 28, 1942, to Jan 5, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE Mrs. S. Frederick (Degree or title) 23b. ADDRESS 512 Doree Place 23c. DATE SIGNED 1/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 1-9-50 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JAN 6 1950 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 6322 So. Grand

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

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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 *David Lee Johnson*

Licensed Embalmer No. *4242*

P. O. Address *6378 Du Grand*

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.