

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27021

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis** (No.)

Registration District No. **1791**
Primary Registration District No. **1005**
Lutheran Hospital

File No.....
Registered No. **8226** Ward.....

2. FULL NAME **Louise Senft**

(a) Residence, No. **3910 LaClede Ave** St. **18** Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Clemens Senft**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 18, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **June 1931** 11. Total time (years) spent in this occupation **35**

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

FATHER 13. NAME **Jacob Linig**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Clemens Senft 3910 LaClede Ave**

18. BURIAL, CREMATION, OR REMOVAL **Lutheran of Park** DATE **July 28 1931**

19. UNDERTAKER (ADDRESS) **John L. Zimmerman & Sons 345-50th St. St. Louis**

20. FILED **JUL 30 1931** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25, 1931** 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **July 29**, 19**31**, to **July 28**, 19**31**. I last saw him alive on **July 25**, 19**31**. Death is said to have occurred on the date stated above, at **3.05 p.m.**

The principal cause of death and related causes of importance were as follows:

1224
12 Distinctive obstruction from a strangulated umbilical hernia.

Other contributory causes of importance:

1220
Name of operation **Release of hernia** Date of **July 28 1931**
What test confirmed diagnosis? **specimen** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) **S. H. Hays** M. D.
(Address) **30. E. Maple St. St. Louis**

