

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

Do not use this space.

42690

1. PLACE OF DEATH

County..... Registration District No. 797
 Township..... Primary Registration District No. 90728
 City St. Louis (No. Mo. Baptist Hosp.)
 St. _____ Ward _____

File No. _____
 Registered No. 37

2. FULL NAME

Charles Parsons Senter
 (a) Residence, No. 1 Beverly Place St. 5 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1870</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>10</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>President</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Senter Commission</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>Trenton</u> (STATE OR COUNTRY) <u>Tennessee</u>		
13. NAME <u>Wm M Senter</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Lucy Jane Wilkins</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Walter Jones</u> (ADDRESS) <u>1027 1/2 7th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>July 2</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Parsons Mtd Co.</u> <u>326 1/2 Olive St.</u>		
20. FILED <u>JAH</u> 19 <u>33</u> <u>May C Starkey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1932, to Dec 30th 1932.
 I last saw him alive on Dec 30 1932. Death is said to have occurred on the date stated above, at 2:30 pm.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
Chronic myocarditis
 Date of onset 1931

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Urine exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? No
 If so, specify _____
 (Signed) Samuel B Grant M. D.
 (Address) 3722 Washington Blvd

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.

