

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

12499
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **3103**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary**..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jacob Senn. 500**

(a) Residence, No. **5800 Arsenal St.** St. **13** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 27, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
81 5 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **No Occupation**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Highland, Illinois.**

13. NAME

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **HIGHLAND, ILL.** DATE **4-2** 1938

19. FUNERAL DIRECTOR (ADDRESS) **ALBERT N. HOPPE 429 N. MOULTON**

20. FILED **APR 11 1938 J. B. Prudick Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30, 1938**

22. I HEREBY CERTIFY That I attended deceased from **January 1, 1938, to March 30, 1938**

I last saw him alive on **March 30, 1939** Death is held to have occurred on the date stated above, at **7:00m. A.M.**
 The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease
Tuberculosis, Pulmonary
Arteriosclerosis general
Fracture of humerus, P. humeri, 4th finger, 5th finger
 Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis Was there an autopsy?

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?
 If so, specify (Signed) **J. B. Prudick** M. D.
 (Address) **5800 Arsenal**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5014-7 (9-37) 1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Gay W. Wilkinson*

Licensed Embalmer No. *3875*

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.)