

REC'D OCT 1 9 1938

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

30337

Do not use this space.

1. PLACE OF DEATH

- (a) County
(b) Township
(c) City of St. Louis (d) Street No. 2828a St. Vincent St. 791
(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.

Registered No. 77742. PRINT FULL NAME John W. Senter 531

- (a) Residence, No. 2828a St. Vincent St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Adaline</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>R. R. Weighmaster</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired</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) (STATE OR COUNTRY) <u>Missouri</u> <u>0</u>		
FATHER	13. NAME <u>William Senter</u> <u>0</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> <u>0</u>	
MOTHER	15. MAIDEN NAME <u>Minerva Patton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Adaline Senter</u> (ADDRESS) <u>2828a St. Vincent</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grubville, Mo.</u> DATE <u>9/2/38</u> 19		
19. FUNERAL DIRECTOR <u>A. W. McLaughlin</u> (ADDRESS) <u>8301 Lafayette Avenue</u>		
20. FILED <u>SEP - 1 1938</u> <u>J. P. Bredner</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/38 19

22. I HEREBY CERTIFY, That I attended deceased from 4/25 1938 to 8/31 1938
I last saw deceased alive on 8/31 1938. Death is said to have occurred on the date stated above, at 5:50 A.M.
The principal cause of death and related causes of importance were as follows:
Lymphosarcoma of gastric ulcer
Primary seat in lymph nodes left side of neck
Other contributory causes of importance:
Biopsy cervical node Date of 70
What test confirmed diagnosis? Biopsy 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 Answered M. D.
(Signed) Answered M. D.
(Address) City Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

