

NOV 16 1938

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

34070  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis Mo. (d) Street No. Luthern Hospital 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.

791  
1003

Registered No. 9056

2. PRINT FULL NAME Elsie Senniger

(a) Residence, No. 3848 Flora Place St. 17  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th, 1886

7. AGE YEARS 52 MONTHS 4 DAYS 3 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Jacob Mueller

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ahrens

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

17. INFORMANT Emil P. Senniger (ADDRESS) 3848 Flora Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Oct. 18th, 38

19. FUNERAL DIRECTOR Wacker Helderle (ADDRESS) 2331 S. Broadway

20. FILED OCT 17 1938 J. J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Oct 15, 1938.

I last saw her alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Myocarditis with dilatation  
decompensation + congestion of lungs, non tubercular in char. OCT 1-38  
Paralytic state, thrombosis 11-15  
cause of myocarditis acute

Other contributors/causes of importance: 11-15

Name of operation none Date of 11-15  
What test confirmed diagnosis Autopsy Was there an autopsy? yes

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) Edmond Bonnat, M. D.  
(Address) 1504 So Grand Blvd

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

STATEMENT BY LICENSED EMBALMER

I, Francis J. Hyland Sr., Licensed Embalmer No. 9645  
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 Francis J. Hyland Sr.  
Licensed Embalmer No. 9645

**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.)**