

No. 2
13-40
17-39
X23199

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

584

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

584

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5356 Northland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Theodore H. Senden

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 19 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Agent (Retired)

11. Industry or business _____

12. Name John D. Senden

13. Birthplace Germany (City, town, or county) _____ (State or foreign country)

14. Maiden name Anna Medeake

15. Birthplace Germany (City, town, or county) _____ (State or foreign country)

16. (a) Informant John D. Benden Jr.

(b) Address 5356 Northland Ave.

17. (a) Burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd. 944

19. (a) JAN 20 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")
(d) Street No. 5356 Northland Ave. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Oct 5, 1936, to Jan 18, 1941
that I last saw him alive on Jan 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Cardiac De-compensation 3 days

Due to Chronic myocarditis 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. F. Bredbeck (M. D. or other) med
Address 5730 Southview Dr Date signed 1-20-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

5438 O.W. [unclear]
8 To 10 A.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.