V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4946

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1639

**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:
Jewish Hosp.
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4545a Page
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Senturia

3. (b) If veteran, name war No

3. (c) Social Security No. 488-09-4369

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sadie Senturia

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab. 66 | Months | Days | If less than one day hr. min.

9. Birthplace Lomza (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Baker

FATHER
12. Name Isaac Senturia
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Rosa Rubenstein
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Dr. B. D. Senturia

(b) Address 7017a Amherst

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address FEB 23 1942 4715 McPherson

19. (a) Feb-23-1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from about 1935, 19 to, 19; that I last saw him alive on Feb 22, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hemiplegia, Cerebral hemorrhage | hours |
| Due to arteriosclerosis & hypertension | years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

83a

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur E. Strauss (M. D. ~~or other~~) M. D.

Address 539 N. Grand Date signed 2/23/42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 1597

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.**