

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35142
Registrar's No. 137

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
122 Lindenwood Avenue
(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 St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 122 Lindenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Irene Senden
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Justin Senden 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 23, 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17
year 1944 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 17
1944 to Sept 17 1944
that I last saw her alive on Sept 17 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 11 24 hr. _____ min.
9. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Congestive heart failure - 3 mo
Due to Hypertension
Chronic nephritis - arterial
Due to sclerosis
Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife
11. Industry or business _____
12. Name John H. Sandfort
13. Birthplace St. Charles Co., Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 61
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Emma Meers
15. Birthplace St. Charles Co., Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Justin Senden
(b) Address St. Charles, Mo
17. (a) Burial (b) Date thereof Sept. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director Walter A. Brown
(b) Address 326 N. 6th St., St. Charles, Mo
19. (a) Sept 18, 1944 (b) Ernest L. Pauls
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Walter A. Brown (M. D. or other) MD
Address St. Charles, Mo Date signed 9/18/44

1340

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1955

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

10-13-44

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

Arthur C. Paul

Licensed Embalmer No.

2155

P. O. Address

St. Charles Mo.

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.