

No. 2  
OM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **32360**  
Registrar's No. **8861**

Registration District No. **318**  
**FILED OCT 25 1945**

Primary Registration District No. \_\_\_\_\_

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

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:  
3811a Carter 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 Life  
years, months or days)

3. (a) PRINT FULL NAME Iva P. Senn

3. (b) If veteran, name war No

3. (c) Social Security No. 495-16-9666

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harry O. Senn

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 7, 1896.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>4</u>	<u>8</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nest Maker

11. Industry or business Union Biscuit Co.

MOTHER FATHER { 12. Name Henry W. Kuhlmann

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

14. Maiden name Johanna Tieman

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

16. (a) Informant Mrs. Valrene Hellwig

(b) Address 4741 Palm St.

17. (a) Burial (b) Date thereof Oct. 16-1945.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4922 Natural Bridge Blvd.

19. (a) OCT 15 1945 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3811a Carter Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1945 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from 9-17  
1945 to 10-11 1945

that I last saw him alive on 10-9 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Hypertension

Due to Nephritis, Chr.

Other conditions 131  
(Include pregnancy within 3 months of death)

Major findings: 131

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? \_\_\_\_\_

23. Signature Edmond B. Westerman, D.O.  
(M. D. or other)

Address 3500-21 Grand Date signed 9-13-45

roc  
9 17  
9  
0

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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

*John A. Wilmer*

Licensed Embalmer No.

*4186*

P. O. Address

*St. Louis 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.**