

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38642  
9682  
Registrar's No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

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:  
1720 So. Jefferson 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 41 years  
years, months or days

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. 1720 So. Jefferson Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADELINE SENTER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife John W. 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased May 22, 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11/5/48 day \_\_\_\_\_  
year 1948 hour 9:15 minute 17 M.  
21. I hereby certify that I attended the deceased from 4-1-  
1938 to 11/5 1948  
that I last saw her alive on 11/4 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
84 5 13 hr. \_\_\_\_\_ min.

Immediate cause of death chr myocardial  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Franklin County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation house-wife

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

11. Industry or business at home  
12. Name William Maupin  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Wilson  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Senter  
(b) Address 2828 St. Vincent Avenue

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? \_\_\_\_\_

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-8-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Grubville, Missouri  
18. (a) Signature of funeral director A.W. McLaughlin  
2301 Lafayette Avenue  
(b) Address  
19. (a) NOV 8 1948 (Date received local registrar) J. B. Lavater (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature R.V. [unclear] (M. D. or other) \_\_\_\_\_  
Address 2679 Park Ave Date signed 11/9/48

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

MOTHER FATHER

9682  
2896

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**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..... *C W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

**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.**