

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6679
1662

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) Rural Arcadia Township	

3. NAME OF DECEASED (Type or Print) a. (First) Homer	b. (Middle) Irving	c. (Last) Senter	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19th 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 10th 1894	9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Way Mail Clerk Railroad	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Samuel Bishop Senter	13b. MOTHER'S MAIDEN NAME Dora Sherman	14. NAME OF HUSBAND OR WIFE Emily Senter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or date of service) Yes World War I	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME R.T. Senter	ADDRESS Ironton Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) 9/20 4:20!		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2, 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn, Dep. Cor.	(Degree or title)	23b. ADDRESS 1300 Oak	23c. DATE SIGNED 2/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22 1949	24c. NAME OF CEMETERY OR CREMATORY Ironton Cemetery	24d. LOCATION (City, town, or county) (State) Ironton Missouri
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DATE REC'D BY LOCAL REG. FEB 21 1949	REGISTRAR'S SIGNATURE J. P. Senter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe Inc. 4700 Wash. Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 & 2 TOP. SF

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 XXXXX Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Etton R. Remelmas

Licensed Embalmer No. 4283

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.