

FILED JUL 7 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5356

BIRTH NO. #11080		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5356							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO.				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) TOWN SHREWSBURY 4561		d. STREET ADDRESS (If rural, give location) 70 ST. CHARLES PL.							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				3. NAME OF DECEASED a. (First) EDWARD		b. (Middle) SENN		c. (Last)					
4. DATE OF DEATH Line 18th, 1950		5. SEX U MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH JAN. 11, 1876					
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME JACOB SENN			13b. MOTHER'S MAIDEN NAME CAROLINE UNKNOWN			14. NAME OF HUSBAND OR WIFE LATE IDA SENN							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME LESTER G. SENN			ADDRESS 70 ST. CHARLES PL.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>By thrombosis of cerebral arteries chain</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>491X</u>	
22. I hereby certify that I attended the deceased from <u>5/2/50</u> , to <u>6/18/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/18/50</u> , 19 <u>50</u> , and that death occurred at <u>7:15am</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Lester G. Senn</u>				(Degree or title)				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 6/29/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 21, 1950		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.							
DATE REC'D BY LOCAL REG. JUN 19 1950		REGISTRAR'S SIGNATURE <u>J. B. Senn</u>				25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER				ADDRESS 4228 S. KINGSHIGHWAY			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Stovessand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.