

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10096

4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geitner Home 5000 S. Broadway</u>		e. STREET ADDRESS (If rural, give location) <u>5000 S. Broadway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) c. (Last) <u>Sendke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7-30-1875</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>7</u>	11. DAYS <u>15</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Michel</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>Richard G. Sendke Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME <u>Mellie Blitzing</u>	ADDRESS <u>Altamont Illinois</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma (Chronic)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute dilatation of heart.</u> DUE TO (c)		
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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>241X</u>
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22. I hereby certify that I attended the deceased from Nov-7-, 1950, to 11-25-, 1950, that I last saw the deceased alive on 11-25-, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. F. Murray</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>605-A-Russell Bldg</u>	23c. DATE SIGNED <u>11-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>NOV 28 1950</u> <u>J. B. Farster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein Bros</u>	ADDRESS <u>6409 Gravois Ave</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

John M. Seymour

Signed.....
Student Embalmer

Licensed Embalmer No. *4343*

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.