

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25281**  
**5731**  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2039</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6128 Simpson Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>6128 Simpson Ave. 0</b>					
3. NAME OF DECEASED (Type or Print) <b>ELIZABETH</b>			a. (First) <b>A.</b>		b. (Middle) <b>SENN</b>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Sep't. 28, 1876</b>	
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Charles G. Galle</b>			13b. MOTHER'S MAIDEN NAME <b>Clara W. Hartman</b>			14. NAME OF HUSBAND OR WIFE <b>Late G. William Senn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Wm. L. Senn</b>				ADDRESS <b>2395 Marshall Rd. Kirkwood, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension Heart Disease</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		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"/>	
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? <b>443X</b>					
22. I hereby certify that I attended the deceased from <b>March, 1949</b> to <b>June, 1951</b> , that I last saw the deceased alive on <b>2 February, 1951</b> , and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>A. F. Catoyard MD</b>				(Degree or title)		23b. ADDRESS <b>2715 - Clifton</b>		23c. DATE SIGNED <b>25 June 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jun. 27, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE RECORDED BY LOCAL HEALTH DEPARTMENT <b>JUN 25 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Freater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>				
					ADDRESS <b>4228 S. Kingshighway Bl.</b>				

**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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Edwin M. Bennett*

Licensed Embalmer No. *3024*

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.