

FILED JUL 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22633

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 5682

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4347 West Pine		d. STREET ADDRESS (If rural, give location) 19 4347 West Pine	

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) Senf c. (Last) Senf			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Oct. 17, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Paper Hanger		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Augustus Senf		13b. MOTHER'S MAIDEN NAME Fredericka Unknown		14. NAME OF HUSBAND OR WIFE Alice	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herman Senf, 4347 West Pine	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Hemorrhage Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 days ?
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? 334X	

22. I hereby certify that I attended the deceased from 6/11, 1952, to 6/18, 1952, that I last saw the deceased alive on 6/18, 1952, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harold A. Franklin M.D. (Degree or title)		23b. ADDRESS 4409 West Pine		23c. DATE SIGNED 6/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 1/21		24b. DATE 6-19-52		24c. NAME OF CEMETERY OR CREMATORY Centralia, Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. JUN 18 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 1952

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~~ Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton S. Penick

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.