

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20261**

No. 300
10.48

BIRTH NO. **MAY 28 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1431**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4713	
c. LENGTH OF STAY (in this place) 4 Months		d. STREET ADDRESS (If rural, give location) 420 Erber Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mell's Nursing Home			

3. NAME OF DECEASED (Type or Print) Alfarata	a. (First)	b. (Middle)	c. (Last) Senior	4. DATE OF DEATH (Month) (Day) (Year) May 23 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 29	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Marion Coen	13b. MOTHER'S MAIDEN NAME Katherine R. Risk	14. NAME OF HUSBAND OR WIFE Albert E. Senior
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annabele M. Kane R.R.#2 House Spgs
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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, ashenia, 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) Acute Cardiac Dilatation		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) 		1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of liver (?)		6 mo	

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?
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22. I hereby certify that I attended the deceased from **6-11-53**, 19**53**, to **5/23**, 19**53**, that I last saw the deceased alive on **5/21**, 19**53**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Kirkwood 22 Mo	23c. DATE SIGNED 5/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-24-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 5-24-53	REGISTRAR'S SIGNATURE Herbert R. J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Kirkwood 22 Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William H. Fetzinger

Licensed Embalmer No. *1318*

P. O. Address

Richmond 22 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.