

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1506</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2167</u>					
b. CITY OR TOWN <u>LEMAY Mo</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARY RIDGE HOME</u>				e. STREET ADDRESS (If rural, give location) <u>3004 CHEROKEE</u>					
3. NAME OF DECEASED (Type or Print) <u>ELEANOR SENIK</u>			4. DATE OF DEATH <u>JULY 2 1955</u>						
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)				
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>JULY 22 1878</u>		9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months Days	11. UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOHEMIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOSEPH SIKORA</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ZUB</u>			14. NAME OF HUSBAND OR WIFE <u>FRANK SENIK (DEC)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH OTTENSMEYER</u>				ADDRESS <u>3004 CHEROKEE</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>7/25</u> , 19 <u>55</u> , to <u>7/1/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/1/55</u> , 19 <u>55</u> , and that death occurred at <u>2:00 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. J. Volkmann</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1520 S. Big Bend</u>		23c. DATE SIGNED <u>7/1/55</u>			
24a. DATE <u>JULY 5 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>		24d. LOCATION (City, town, or County) (State) <u>ST. LOUIS Mo</u>					
DATE REC'D BY LOCAL REG. <u>7/2/55</u>		REGISTRAR'S SIGNATURE <u>Herman R. McKenna</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutes</u>		ADDRESS <u>2906 Seawick</u>			

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

Leo J. Budd
St. Louis

55 20
St. Louis
Mo. - 104848
Rd

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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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leo J. Budd

Licensed Embalmer No. 398

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.