

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25639**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1685**

1. PLACE OF DEATH a. COUNTY St. Louis		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 town(ship)) Manchester		c. LENGTH OF STAY (In this place) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. CITY OR TOWN St. Louis f. STREET ADDRESS (If rural, give location) 3626 Lafayette Ave. 2111	
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) _____ c. (Last) Sennewald		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1868
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ferdinand Sennewald		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zella Sennewald - 3745 Lindell	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION —	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) —	
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 July 5, 1956 , to July 11, 1956 , that I last saw the deceased alive on July 10, 1956 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE B. R. Loving MD		23b. ADDRESS BALLWIN, Mo	
23c. DATE SIGNED 7-12-56		24. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 12, 1956	
24c. NAME OF CEMETERY OR CREMATORY Bellefontain Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 7-12-56		REGISTRAR'S SIGNATURE Herbert R. Donfeng MD	
25. FUNERAL DIRECTOR'S SIGNATURE WACKER-HELDERLE		ADDRESS - 3634 Gravois Ave.	

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.....
Licensed Embalmer No. 264
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.