

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6885

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54 Registrar's No. 209

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Lemay</u> <u>4880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to St. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4217 Koch Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferdinand</u> b. (Middle) <u>W.</u> c. (Last) <u>Sennewald</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 25, 1895</u>
9. AGE (In years last birthday) <u>61</u>		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) <u>(retired) Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--Drug.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ferdinand C. Sennewald</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura A. Merdel</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. #1</u>		16. SOCIAL SECURITY NO. <u>489-28-5714</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Sennewald-</u>		ADDRESS <u>4217 Koch Rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Penetrating gunshot wound of brain</u> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>E-976x</u>	
21a. ACCIDENT (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>basement of home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lemay St. Louis Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/22/57 6:00 P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted gunshot wound of the head</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. David</u> Coroner		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>1/25/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 25, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WACKER-HELDERLE</u>	
25. ADDRESS <u>3634 Gravois Ave.</u>		DATE REC'D BY LOCAL REG. <u>1-24-57</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Dombek MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 *Robert C Wheeler*.....

Licensed Embalmer No. *212*.....

P. O. Address *Blaine, Minn*.....

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.