

FILED MAY 20 1957

## STANDARD CERTIFICATE OF DEATH

State File No.

19721

BIRTH NO. 36861-57 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>St. Louis County</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>				e. STREET ADDRESS (If rural, give location) <u>3204 W. Milt on</u>			
3. NAME OF DECEASED (Type or Print) <u>Billy John Senka</u>			b. (First)	(Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5 4 57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>5-2-57</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Senka</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (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>William J. Senko</u>			ADDRESS	
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>Immaturity, 26 wks</u> ANTECEDENT CAUSES <u>Premature</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>49 hrs</u>	
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"/>
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>7:16 PM</u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car</u>						
22. I hereby certify that I attended the deceased from <u>5-2-57</u> 19 to <u>5-4-57</u> 19, that I last saw the deceased alive on <u>5-4-57</u> , 19, and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. J. ...</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>6201 Lotie Ave</u>		23c. DATE SIGNED <u>5-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-6-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's</u>		24d. LOCATION (City, town, or county) (State) <u>St. Ann, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-6-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>William J. ...</u> ADDRESS <u>2504 Woodson Rd - Overland, Mo.</u>				

(Licensed Embalmer's Signature on Reverse Side)

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.....

Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *345*.....

P. O. Address *Overland*.....

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.