Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030950
STATE FILE NUMBER

IFD SEP 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8493

1. PLACE OF DEATH
a. COUNTY ~~ST. LOUIS~~

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4256 NORTH 21ST ST — Length of stay in 1b 6 YRS 20 9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI — b. COUNTY ~~ST. LOUIS~~

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4256 N. 21ST ST — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CAROLINE Middle E. Last SENF

4. DATE OF DEATH Month SEPT Day 2, Year 1958

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH JAN 8, 1871

9. AGE (In years last birthday) 87 — 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) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HERMAN MUELLER

13b. MOTHER'S MAIDEN NAME CHRISTINE HAGEMEIER

14. NAME OF HUSBAND OR WIFE ROBERT JOE SENF

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Mrs. H. Ellerbrake — Address 4256 N 21ST ST ST LOUIS MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — Myocardial infarction
arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH: Seedden many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/15/58, to 9/2/58 and last saw her/him alive on 8/11/58.
Death occurred at 11 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.C. Spoeneman (Degree or title) M.D. — M.C. Spoeneman M.D.

22b. ADDRESS 4400a Natural Bridge

22c. DATE SIGNED 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE SEPT. 5, 1958

23c. NAME OF CEMETERY OR CREMATORY ST. JOE CEMETERY

23d. LOCATION (City, town, or county) ST. JOE MONROE Co (State) ILLINOIS

24. FUNERAL DIRECTOR Emil Quernheim — ADDRESS WATERLOO ILL

25. DATE RECD. BY LOCAL REG. SEP 3 '58

26. REGISTRAR'S SIGNATURE J. Carl Smith MD MDB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St Louis M

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.