

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17361

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6548 E
 City E. Mary Ave (No. 245) St. _____ Ward _____

2. FULL NAME Mary Senn
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John F. Senn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Hucksold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown ?</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs. Louise Viehland</u> (ADDRESS) <u>245 E. Mary Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cem</u> DATE <u>June 3</u> , 19 <u>32</u>		
19. UNDERTAKER <u>C. Hoffmeister & Co.</u> (ADDRESS) <u>1078 1/2 So. Broadway</u>		
20. FILED <u>5731</u> , 19 <u>32</u> <u>L. C. Obrecht</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to May 31, 1932
 I last saw him alive on May 30, 1932—Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Chronic Acute Nephritis
Dilatation of heart
 Date of onset _____

Other contributory causes of importance:
92 A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. W. Peters, M. D.
 (Address) 601 Missouri Bldg

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