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.

11180

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St. Louis (No. 4171, McRee St. ..... Ward)

File No. .....

Registered No. 2223

2. FULL NAME Charles Ferdinand Sennewald

(a) Residence, No. 4171 McRee St., 18 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Sennewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 27 - 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) unemployed - 1 yr.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Herman Sennewald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Sophia Ahrens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Myrtle Brown 4171 McRee

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope DATE Mar - 7 - 1933

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 1631 Missouri Ave

20. FILED MAR - 6 1933 19 Max C. Hartley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933, to 3-4, 1933

I last saw him alive on 3-4, 1933 Death is said to have occurred on the date stated above, at 11 45 A.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 2-15-33

94 A

Other contributory causes of importance:

Hypertension — old

Name of operation No 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? No Date of injury ....., 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Burroughs, M. D.

(Address) 4755 Morgan Ford