

REC'D MAR 13 1939

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

49451
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 2909 Mt. Pleasant St. Registered No. 1638
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Christine Sensel
(a) Residence, No. 2909 Mt. Pleasant St. St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widw
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sensel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 7 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Waterloo (STATE OR COUNTRY) Ill.

FATHER 13. NAME Mathew Sensel
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine Mehrman
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT William Sensel (ADDRESS) 2909 Mt. Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb 21 39

19. FUNERAL DIRECTOR (NAME) Schumacher Und Co. (ADDRESS) 3013 Meramec St.

20. FILED FEB 20 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1938 to 2/18 1939
I last saw him alive on 2/18 1939 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral arterio-sclerosis Date of onset 1/1/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

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? No
If so, specify
(Signed) Katherine Mehrman, M. D.
(Address) 5924 S Grand St.

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.

2924' No 0 Funeral
1 to 2 pm + 6 to 7 pm
for 345'6

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.....

George P. Duhaime
working under my personal supervision.

....., Registered Apprentice No.

Signed George P. Duhaime

Licensed Embalmer No. 2906

P. O. Address 3013 Murray

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 this body is not embalmed, above space should be left blank.