

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.

JAN 12 1939

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10707

1. PLACE OF DEATH: 1003 2

(a) County _____

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: 3965 Cleveland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3965 Cleveland
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George H. Senden 735

3. (b) If veteran, name war None

3. (c) Social Security No. 713-07-8851

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1939 hour 6.20 P. M. minutes _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 5, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/13/39
_____, 19____, to 12/13/39, 19____;
that I last saw _____ alive on 12/13/39, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 8 Days 8
If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Haemorrhage
(apoplexy)

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Chester Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Marker

11. Industry or business Railway Express Agency

12. Name August Senden

13. Birthplace St. Charles Mo.

14. Maiden name Caroline Wittendorf

15. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy _____

16. (a) Informant's own signature M. M. Wittendorf

(b) Address 3965 Cleveland Ave.

17. (a) Burial (b) Date thereof 12/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 15 1939 (b) _____
(Date received local registrar) (Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature August Senden (M. D. or other) _____

Address 1504 So Grand Date signed 12/14/39

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Florenz Eymck

Licensed Embalmer No.

1284

P. O. Address

St. Louis Mo

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.

*Embalmer
1504 A. Kraus*