

ED JUN 4 1943 818
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3626 Lafayette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3626 Lafayette Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ferdinand C. Sennewald

3. (b) If veteran, name war No. 3. (c) Social Security No. 498-16-1912

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Laura A. Sennewald 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 2, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Ferdinand W. Sennewald

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. Francis Sennewald

(b) Address 3745 Lindell Blvd.

17. (a) Burial (b) Date thereof May 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Hackett-Heldreth and Co

(b) Address 3634 Gravois Ave.

19. (a) MAY 27 1943 (b) J. F. Budick
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 th.
1943 year. 10 hour. 45 minute. A.M.

21. I hereby certify that I attended the deceased from Feb 15
....., 1943, to May 25, 1943;

that I last saw him alive on May 25, 1943;
and that death occurred on the date and hour stated above

Immediate cause of death Chronic hypertension
Pleural effusion Duration

Due to 93

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 [Signature] (M. D. or other)

Address 17078 Date signed 5-25-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DEC 21 1949

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..... *Frank J. O'Hara*.....
Licensed Embalmer No. *2645*.....
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, fact should be so stated above.