

No. 2
2-45
17-39
X47070

FILED MAY 9 1947 318

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State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4319**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2623 January Ave.
(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)

3. (a) PRINT FULL NAME EVA V. SENN

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Otto J.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 17 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>62</u>	<u>6</u>	<u>9</u>	hr. _____ min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Gander

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Christine Biltman

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Otto J. Senn

(b) Address 2623 January Ave.

17. (a) Burial (b) Date thereof 4 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (c) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 28 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 2623 January Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1947 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 8-22, 1945 to 4-26, 1947;
that I last saw her alive on 4-25, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with metastasis

Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Elmer P. Scott, M.D. (M. D. or other) M.D.

Address 3259 Lafayette Date signed 4-28-47

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

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.