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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18013
Registrar's No. 5185

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

1. PLACE OF DEATH:
(a) County
(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5916 Kennerly Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 200
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5916 Kennerly Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frances (Fannie) Sengotta
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late August J. Sengotta
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 11th, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Saint Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Peter Veldon
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Frances (Unknown)
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Earl B. Sengotta
(b) Address 5916 Kennerly Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.
19. (a) JUN 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1948 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 10, 1947, to June 5, 1948, that I last saw her alive on June 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia L Side
Chronic Myocarditis
Due to
Due to Chronic Artero-Sclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no injury (Specify type of place)
While at work? (e) Means of injury none
23. Signature M F Harmany (M. D. or other) MD
Address 2739 N Grand Date signed 6-3-48
Wkons 6 MO

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2 to 4 P. M.

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.