FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18014
Registrar's No. 4575

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: 4451 Miami St.
(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:

(a) State Mo. (b) County Lac
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4451 Miami St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JACOB J. SENN
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate M.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 7 (Day) 1871 (Year)

8. AGE: Years 77 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
10. Usual occupation Baker
11. Industry or business Retired since 1940
FATHER
12. Name Ludwig Senn
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Verna Umiker
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
16. (a) Informant Kate Senn
(b) Address 4451 Miami St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAY 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1948 hour 11:05 minute P. M.
21. I hereby certify that I attended the deceased from April 2, 1948 to May 16, 1948
that I last saw him alive on May 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to Arteriosclerosis	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Otto C. Hanser MD (M. D. or other)
Address 3012 Lafayette Date signed 5/17/48

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

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.....Richard W. Stovesand

Licensed Embalmer No.....4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.