

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Joachim</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Festus</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>R #7.</u> <u>0500</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>FRANK</u>	c. (Last) <u>Senik</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-55</u>
-------------------------------------	------------------------	--------------------------	------------------------	------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 15, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>FRANK SENIK</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET</u>
---------------------------------------	------------------------------------------	---------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Senik Festus, R #1 Mo.</u>	ADDRESS
----------------------------------------------------------------------------------------------------------	-------------------------	----------------------------------------------------------------------	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>brainial pneumonia</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic carcinoma</u>		7 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491XH</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	-----------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from Aug 10, 1952, to Jan 17, 1955, that I last saw the deceased alive on Jan 17, 1955 and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur B. Swensky D.O.</u>	23b. ADDRESS <u>Festus</u>	23c. DATE SIGNED <u>2-17-55</u>
----------------------------------------------------------------	----------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hematite</u>	24d. LOCATION (City, town, or county) (State) <u>Hematite Mo.</u>
---------------------------------------------------------	--------------------------	----------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>2-17-55</u>	REGISTRAR'S SIGNATURE <u>James G. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quincy & Salitto City</u>	ADDRESS <u>St. Louis City</u>
-----------------------------------------	---------------------------------------------------	-------------------------------------------------------------------	-------------------------------

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

500 /

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 23 1955

AP. 6 1955

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Georgio T. Polite*

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.