

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 39795

Registrar's No. 9848

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY St. Louis		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 215 East Washington Ave.						
3. NAME OF DECEASED (Type or Print) JOHN			a. (First)		b. (Middle) A		c. (Last) SEHNERT			
4. DATE OF DEATH Oct. 27 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 19 1896		9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		
5. SEX Male		6. COLOR OR RACE White		11. BIRTHPLACE (City and State or Foreign Country) Peoria Ill		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William H. Sehnert			13b. MOTHER'S MAIDEN NAME Christine Geltmacher			14. NAME OF HUSBAND OR WIFE Mary Sehnert				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Sehnert					ADDRESS 215 E. Washington	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic essential hypertension</i> Chr. Essential Hypertention ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cerebral vascular accident. Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral vasculer accident</i>						INTERVAL BETWEEN ONSET AND DEATH 10 Yrs. 24 Yrs.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓						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)		331X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> 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 1944, 19, to 1954, 19, that I last saw the deceased alive on Oct 26, 1954, and that death occurred at 10:45 p. m., from the causes and on the date stated above.										
23a. SIGNATURE Chas. W. Miller (Degree or title) <i>Chas. W. Miller M.D.</i>				23b. ADDRESS 408 Humboldt Bldg. 408 Humboldt Bldg			23c. DATE SIGNED 10/29/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/30/56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Bloomington Illinois				
DATE REC'D BY LOCAL REG. OCT 29 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLIVAN'S 2849 No. Euclid Ave. ✓					

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. 307

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