

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027868

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2090

AMENDED

FILED AUG 3 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Castle Point.		Length of stay in -1b- 50 Yrs.	c. CITY OR TOWN Castle Point
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10139 Prince Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10139 Prince Dr.
3. NAME OF DECEASED (Type or print) First ANNA Middle M. Last SENIFF		4. DATE OF DEATH Month July Day 26 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/1/89
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 72	IF UNDER 24 HR Days 72 Hours 72 Min. 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Macon Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Jones	
13b. MOTHER'S MAIDEN NAME Laura Sunner		14. NAME OF HUSBAND OR WIFE Harry Seniff	
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. Yes(Unk)	17. INFORMANT Address Harry Seniff, 10139 Prince Dr. (36)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION			INTERVAL BETWEEN ONSET AND DEATH SEVERAL MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/21/61 to 7/26/61 and last saw her xxx alive on 7/21/61 . Death occurred at 7/26/61 2 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. A. Costino M. D.		22b. ADDRESS 2425 N. BROADWAY, St. Louis 6, Mo.	
22c. DATE SIGNED 7/26/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/28/61	
23c. NAME OF CEMETERY OR CREMATORY Sunser Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette(4)		25. DATE RECD. BY LOCAL REG. 7-26-61	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

St. Louis, Mo.

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

Student _____
Signature of Student Embalmer

Signed: A. G. Farris

Licensed Embalmer No. 3384

P. O. Address A. Louis

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.