

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046855

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11844

STATE FILE NUMBER

AMENDED

FILED DEC 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis, Mo   |   | c. CITY OR TOWN St. Louis   |  |
| Length of stay in 1b   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Peoples Hospital  |   | d. STREET ADDRESS (If outside, give location)<br>4320 a. Evans Ave  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last Bert G. Senter  |   |   | 4. DATE OF DEATH<br>Month Day Year 12 17 1961  |
| 5. SEX Male  | 6. COLOR OR RACE Negro  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-25-1876   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Letter Carrier  |   | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office  | 11. BIRTHPLACE (City and state or country) Memphis, Tenn   |
| 13a. FATHER'S NAME Thomas Senter   |   | 13b. MOTHER'S MAIDEN NAME Lydia ?   | 12. CITIZEN OF WHAT COUNTRY U.S.A  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>Yes Spanish American   |   | 17. INFORMANT Address<br>Eunice E. Senter 4320 a. Evans Ave   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Inauition  |   |   | INTERVAL BETWEEN ONSET AND DEATH 1 MO.   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) METASTATIC Carcinoma of Prostate  |   |   | UNKNOWN  |
| DUE TO (c) 177x  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Arterio sclerotic HEART Disease   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 Month, Day, Year<br>a.m. p.m.   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Dec. 14, 1961 to Dec. 17, 1961 and last saw him alive on Dec. 17, 1961<br>Death occurred at 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br>Chas. F. Ford, M.D.  |   | 22b. ADDRESS<br>2801 N. Taylor  | 22c. DATE SIGNED<br>12/18/61   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   | 23b. DATE<br>12/21/61   | 23c. NAME OF CEMETERY OR CREMATORY<br>National Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>Jefferson Barracks, Mo  |
| 24. FUNERAL DIRECTOR ADDRESS<br>C.W. Roberts Und. Co 1416 N. Taylor Ave  |   | 25. DATE RECD. BY LOCAL REG.<br>DEC 19 1961   | 26. REGISTRAR'S SIGNATURE<br>Road Smith, M.D.  |

**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 James A Carter

Licensed Embalmer No. 4681  
P. O. Address St. 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.