MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029582
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2188

FILED AUG 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kinlock MO — Length of stay in lb: 20 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5816 Monroe — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: St Louis
c. CITY OR TOWN: Kinloch MO. — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5816 Magarie — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: SENNIE Last:
4. DATE OF DEATH: Month 7 Day 25 Year 62
5. SEX: MALE
6. COLOR OR RACE: COLOR
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/2/1883
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINSTER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): Haughton La
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Jim Sennie
13b. MOTHER'S MAIDEN NAME: Easter Lee
14. NAME OF HUSBAND OR WIFE: Bessie Sennie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO NO
17. INFORMANT: Cornelius Sennie — Address: 5816 Monroe

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 1957, to July 1962 and last saw her/him alive on July 25, 1962
Death occurred at 1:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J W Brand (Degree or title) M.D
22b. ADDRESS: 5701 Carson Rd
22c. DATE SIGNED: 7-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-30-62
23c. NAME OF CEMETERY OR CREMATORY: Washington Park.
23d. LOCATION (City, town, or county) (State): Berkley 40. Mo

24. FUNERAL DIRECTOR: PRICE UND. CO — ADDRESS: 2829 Washington
25. DATE RECD. BY LOCAL REG.: 7-27-62
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(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 Edward A Flynn

Licensed Embalmer No. 4444

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.