MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38724

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11449

City City (No. Jewish Hosp. St. ..... Ward)

2. FULL NAME Frederick H. Semple

(a) Residence. No. McKnight Road, Clayton Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isabel B. Semple

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 24, 1872

7. AGE: 54 YEARS, 11 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stock &
(b) General nature of industry, business, or establishment in which employed (or employer): Bonds
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Edward H. Semple
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis
12. MAIDEN NAME OF MOTHER: Mary Hart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

14. INFORMANT: H. Chouteau Dyer
(Address) 29 Lenox

15. FILED: Dec 22 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 20 1927

17. I HEREBY CERTIFY, That I attended deceased from 5 Nov. 1923, 19..., to Dec 19, 1927 that I last saw him alive on Dec 19, 1927, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder
JIB
132B
49
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Uremia
(duration) — yrs. — mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Louis.

3 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Mar. 1, 1926

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cystoscopic, Microscopic

(Signed) H. McClure Young, M.D.

Dec 20, 1927 (Address) 622 University Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Belhfontaine
DATE OF BURIAL: Dec 22 1927

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.