

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

Do not use this space.

34919

1. PLACE OF DEATH *St Louis*
 County *St Louis* Registration District No. *798*
 Township *Newport* Primary Registration District No. *447*
 City *Webster Groves* (No. *631*) *Newport Webster Groves* Registered No. *92* Ward

2. FULL NAME *Infant Seman Hersien*
 (a) Residence. No. *631 Newport Webster Groves* Ward
 (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) *infant*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *October 1 1929*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *2*
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Infant*
 (b) General nature of industry, business, or establishment in which employed (or employer) *"*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Webster Groves*
 (STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Seman Hersien*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Missouri*
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER *Pearl M. Evers*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Missouri*
 (STATE OR COUNTRY)

14. INFORMANT *Seman Hersien*
 (Address) *631 Newport Webster Groves*

15. FILED *103* 19*29* *Arthur W. Misher*
 REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 2, 1929*
 17. I HEREBY CERTIFY, That I attended deceased from *10-1-1929* to *10-2-1929* that I last saw him alive on *10-2-1929* and that death occurred, on the date stated above, at *8:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions

CONTRIBUTORY (SECONDARY) *Child was underdeveloped & refused food*
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *no* DATE OF
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *P. H. Hamann*, M. D.

. 19 (Address) *4064 Olive*

*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 *Talkalla Cemetery* DATE OF BURIAL *Oct 3 1929*

20. UNDERTAKER *E. J. Schurer* ADDRESS *3125 Lafayette*

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.

RECORD WITH CHANGING INDEXES IS A PERMANENT RECORD

26
27
28
29

