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

Do not use this space.

34477

1. PLACE OF DEATH

County: St Louis — Registration District No. 791 — File No.

Township: — Primary Registration District No. 1003 — Registered No. 9851

City: St Louis (No. City Hosp #1 St. Ward)

2. FULL NAME Francis Anna Seminon

(a) Residence. No. 1802 Warren St., 26 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Gilbert Seminon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 1 - 1909

7. AGE: Years 21 — Months 1 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: William Shimkus
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Lithuania
12. MAIDEN NAME OF MOTHER: Anna Kutchinsky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Lithuania

14. INFORMANT: Anna Sabatsky
(Address): St Louis, Mo.

15. FILED ....., 19.... Max C. Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 13 1930.

17. I HEREBY CERTIFY, That I attended deceased from ..... 19...., to ..... 19.... that I last saw h..... alive on ..... 19...., and that death occurred, on the date stated above, at 11 55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General Peritonitis, Septicaemia following criminal abortion

175A
179
26

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Homicide

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner M.D.

0/14/30 19.... (Address) Dep Coroner

*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: East St Louis, Ill — DATE OF BURIAL: Oct. 16 1930

20. UNDERTAKER: John Kassly — ADDRESS: East St Louis Illinois