

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 5
 Township..... Primary Registration District No. 5
 City St. Louis Mo. (No. 600 So. Kingshighway (Barnes Hosp.)) (Ward)

34308
 File No. _____
 Registered No. 9670

2. FULL NAME George Dixon Semonin

(a) Residence, No. 2723 Sutton St., 12 Ward, Maplewood 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Virginia Semonin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Co (Fly Walker)

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

13. NAME Seraph Semonin.

14. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Unknown Talbot

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

17. INFORMANT George G. Semonin (ADDRESS) 2723 Sutton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cern. DATE Nov. 1, 1932

19. UNDERTAKER Croghan Hud. Co. Inc. (ADDRESS) 7146 Manchester Ave.

20. FILED NOV - 1 1932 May C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 - 12 - 1932 to 10 - 30 - 1932. I last saw him alive on 10 - 30 - 1932. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Hypertensive Heart Disease
General arteriosclerosis
Chronic nephritis
Syphilis

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Adolph C. Langmuir, M. D.

(Address) Barnes Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

