

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

Do not use this space.

JUL 12 1935

791  
1003

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**1. PLACE OF DEATH**

County..... Registration District No. ....  
 Town..... Primary Registration District No. ....  
 City St. Louis (No. St. Johns Hosp) St. .... Ward) 5249

**2. FULL NAME**

(a) Residence, No. .... St. n.R. Ward. Harrisburg, Ill.  
 (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 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 Paul Semyan  
1878-1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
<u>about 65</u>	<u>4</u>	<u>9</u>		

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Housewife  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

FATHER  
 13. NAME Anton Marjovick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

MOTHER  
 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Dusany Katoci Harrisburg Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisburg Ill DATE June 20, 35

19. UNDERTAKER (ADDRESS) Albert W. Hoffmeyer 727 E. 11th St. St. Louis

20. FILED 17 1935 19. J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/35 19..

22. I HEREBY CERTIFY, That I attended deceased from 6/11/35 19.. to 6/17/35 19..

I last saw him alive on 6/16/35 19.. Death is said to have occurred on the date stated above, at 6 a.m.

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

Hypertensive disease (C)  
myocardial degeneration (C)  
Coronary thrombosis (terminal)  
 Other contributory causes of importance: 93C

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) B. D. Feek M. D.

(Address) Harrisburg, Ill.

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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

