

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

Do not use this space.

1. PLACE OF DEATH **MAY 15 1937**  
 County **Jackson** Registration District No. **399**  
 Township **Kay** Primary Registration District No. **1002**  
 City **Kansas City** (No. **406 W. 34th St. Terrace**) St.  Ward

2. FULL NAME **Henry Semmelman**  
 (a) Residence, No. **406 W. 34th St. Terrace** 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.

**15467**

File No.   
 Registered No. **20023**

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs. Catherine</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 3 1869</b>		
7. AGE YEARS <b>67</b>	MONTHS <b>9</b>	DAYS <b>24</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Barber</b>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Cincinnati Ohio</b>		
13. NAME <b>Unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT <b>Mrs. Margaret Luchemore</b> (ADDRESS) <b>7227 Penn</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Marys</b> DATE <b>4-29-37</b>		
19. UNDERTAKER <b>QUIRK AND TOBIN</b> (ADDRESS) <b>20 E. Linwood</b>		
20. FILED <b>Apr 28 1937 M. M. Brown</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/27/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from  19 , 19 .  
 I last saw him alive on  19 . Death is said to have occurred on the date stated above at  m.  
 The principal cause of death and related causes of importance were as follows:  
**Chronic thrombosis**  
 Date of onset

Other contributory causes of importance:

Name of operation **Duhring** Date   
 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) , M. D.  
 (Address)

**94B**

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.

1 X314

