

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH
1003

State File No. 29875
Registrar's No. 7214

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6712 Alabama
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frieda R. Semon

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Owen 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 12 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

12. Name Peter Mirgain

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Dora Dannenberg

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Owen Semon

(b) Address 6712 Alabama

17. (a) Burial (b) Date thereof Sept. 6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director [Signature]

(b) Address 3013 Meramec St.

19. (a) SEP 5 1941 (b) [Signature]
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6712 Alabama Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th.
year 1941 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 1 - 1941 to Sept 4 1941
that I last saw her alive on Sept 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address F. H. S. Virginia Date signed 9/5/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Raymond Delaunau Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond Delaunau*
Licensed Embalmer No. *2906*
P. O. Address *303 Main*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.