

Registration District No. **784**

Primary Registration District No. **2nd**

Registrar's No. **177**

1. PLACE OF DEATH

(a) County **St. Louis**
(b) City or town **Rural Bonhomme**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clayton & Barter Roads 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **7 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Clayton & Barter Roads**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Charles J. G. Semcke**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Caroline Semcke** 6. (c) Age of husband or wife if alive **-----** years
7. Birth date of deceased **January 5, 1871**
(Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **17** If less than one day hr. min.

9. Birthplace **St. Louis County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **General farm work**

12. Name **Karl Semcke**

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

14. Maiden name **Louisa Groenemeyer**

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

16. (a) Informant **Elizabeth Baumer**

(b) Address **Ellisville, Mo.**

17. (a) **Burial** (b) Date thereof **1/25/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John Cem., Ellisville, Mo.**

18. (a) Signature of funeral director **Schrader Funeral Home**

(b) Address **Ballwin, Mo.**

19. (a) **JAN 24 1942** (b) **C. H. Klumpp**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **22**
year **1942** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Natural causes** Duration _____

Due to **Rupture of infarct of left ventricle with hemopericardium**

Due to **osteomalacia of right cerebellum; arteriosclerosis of**

Other conditions **coronary & basilar**
(Include pregnancy within 3 months of death)

arteries; fibrosis scars and
Major findings: **calcified nodules of lungs.** PHYSICIAN _____
Of operations _____
Of autopsy **Yes.** **94a**
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) _____

(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 **Louis H. Duff** (M.D. or other) _____

Address **Kirkwood, Mo.** **1/23/42** Date signed

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

MOTHER FATHER

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Theo. Schrader
Licensed Embalmer No. 3066
P. O. Address Ballwin, Mo.

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.