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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7928

FILED FEB 20 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1414

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2429-Gass Avenue NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nina O. Semon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Roy C

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct (Month) 25 (Day) 1894 (Year)

8. AGE: Years 51 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Grafton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Grafton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Fannie Fredinburg
15. Birthplace Grafton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Roy C. Semon
(b) Address 2429-Gass Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Baumann Bros. Inc
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) FEB 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1946 hour 4:41 PM minute 7 M.

21. I hereby certify that I attended the deceased from Dec 15, 1945, 1945 to Feb 9, 1946
that I last saw her alive on Feb 9, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	13 hrs
Due to Hypertension	2 yr.
Due to Chr. Myocarditis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

23. Signature Maurice A. Dieter (M. D. or other)
Address 2924 St Charles Rd Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side) Lakeside Co. Mo

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 Harold K. Braun

Licensed Embalmer No. 4337

P. O. Address Overland

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.