S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7441

Primary Registration District No. 6076

Registrar's No. 372

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural Wellston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Rural Wellston (If outside city or town limits, write "RURAL")
(d) Street No.: 7206 Albright Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MR. ROBERT SEMAR
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Semar
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: July (Month) 17 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
66	7	7	hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Painter
11. Industry or business:
FATHER
12. Name: Edward Semar
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Richards
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Wife - Mrs. Anna Semar
(b) Address: 7206 Albright Avenue, Jennings
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mark Tiernon
(b) Address: 6000 W. Florissant
19. (a) 2-28-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. 24, day: year: 1948 hour: 3:05 minute: P. M.
21. I hereby certify that I attended the deceased from Jan. 29th, 1948, to Feb. 24th, 1948, that I last saw him alive on Feb. 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	5 days
Due to Arteriosclerosis, generalized	6 mos.
Varicose veins, left	2 mos
Due to Arteriosclerotic heart d.	6 mos
Other conditions (Include pregnancy within 3 months of death): 93d	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: W. B. Sutton (M. D. or other)
Address: 7310 St. Charles Rock Rd. Date signed: 2/24/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.