No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1950

State File No. 28657

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6840

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital..

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY St. Louis,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 5, 4346
d. STREET ADDRESS (If rural, give location) 7209 Pershing Ave., 1

3. NAME OF DECEASED (Type or Print)
a. (First) FAIRMAN b. (Middle) VERNOY c. (Last) SEMPLE.

4. DATE OF DEATH (Month) (Day) (Year) August 10, 1950.

5. SEX Male.
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH March 2, 1902.
9. AGE (In years last birthday) 48. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Treasurer..
10b. KIND OF BUSINESS OR INDUSTRY American Stove Co.,
11. BIRTHPLACE (State or foreign country) Huntsville, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fairman C. Semple.
13b. MOTHER'S MAIDEN NAME Pearl Hoyt (Step mother).
14. NAME OF HUSBAND OR WIFE Grace Olsen Semple.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. 489-07-5226
17. INFORMANT'S SIGNATURE OR NAME Mrs F. V. Semple. **ADDRESS** 7209 Pershing Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocardial damage — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* August, 1948, *to* August 10, 1950, *that I last saw the deceased alive on* August 10, 1950, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Hugh R. Smith (Degree or title) M. D.
23b. ADDRESS 607 N. Grand Blvd
23c. DATE SIGNED 8/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..
24b. DATE 8/14/50.
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery.
24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road.

DATE REC'D BY LOCAL REG. AUG 11 1950
REGISTRAR'S SIGNATURE J B Lacater
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons **ADDRESS** 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011 J

P. O. Address St Louis, 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.