

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39797
STATE FILE NUMBER 9776

FILED NOV 26 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Olivette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital		Length of stay in lb (10 Dns)	d. STREET ADDRESS 57 Highgate Rd		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Martha Matilda Semsrott			4. DATE OF DEATH Month Day Year Oct. 25, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 17, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Security Dept. Scruggs Vandervoort		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Fayette Co. Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Jahraus & Barney			14. MOTHER'S MAIDEN NAME Magdalene Knecht		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None			16. SOCIAL SECURITY NO. 488-01-5709		17. INFORMANT Address Mr. Wm. H. Semsrott 14 Algonquin Wood
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Oct. 15 - 56</i> to <i>Oct. 20 - 56</i> and last saw her alive on <i>Oct. 18 - 1956</i> Death occurred at <i>11</i> <i>9</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ralph Berg M.D.</i>			22b. ADDRESS <i>3203 8 Grand</i>		22c. DATE SIGNED <i>10/20/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct. 27, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Alexander & Sons 6125 Delmar</i>			25. DATE RECD. BY LOCAL REG. <i>OCT 26 1956</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr R Berg
3203 S Grand
Pr 37857
or

Pr 1-6080
4626 Sherandoak

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.....
Signature of Student Embalmer

Signed *Joseph E. McCulloch*

Licensed Embalmer No. *24*

P. O. Address ... *6175R*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.