

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LUTHERAN Hosp.</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3825 JAMIESON</i>	
3. NAME OF DECEASED (Type or print) First <i>AUGUST</i> Middle Last <i>SEMET</i>			4. DATE OF DEATH Month <i>OCT.</i> Day <i>11</i> Year <i>1960</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT. 2 1891</i>	9. AGE (last birthday) <i>69</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>ANHCUSER BUSCH</i>	11. BIRTHPLACE (City and state or country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U-S-A.</i>	
13a. FATHER'S NAME <i>FREDERICK SEMET</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>LILLIAN SEMET</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES W.W.II</i>		16. SOCIAL SECURITY NO. <i>499-12-6800</i>	17. INFORMANT Address <i>3825 JAMIESON</i> <i>LILLIAN SEMET</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Grocery Poison from</i>					<i>1 hr.</i>
DUE TO (b) <i>Brain Arterio Sclerosis</i>					<i>2.</i>
DUE TO (c) <i>Cerebral Vascular Accident + 20.1</i>					<i>3 met.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypostatic Pneumonia</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>September 24 60</i> to <i>October 11</i> and last saw ^{her} him alive on <i>October 11 1960</i> Death occurred at <i>10 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Julius G. Kottler M.D.</i>			22b. ADDRESS <i>2603 Cherokee St</i>		22c. DATE SIGNED <i>10-13-60</i>
23a. BURIAL, CREATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>OCT. 13 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Thomas Kutas 2906 Georgia</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 13 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loam Smith M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed James C. Bell

Licensed Embalmer No. 434
P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.