

No. 2  
-11-10-36  
5-17-39  
I, X21422  
6

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
609 S Cedar St., 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 5 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limit, write "RURAL")  
(d) Street No. 1944 Cass Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1940 hour 9 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Apr 30  
1940 to May 2, 1940;  
that I last saw her alive on May 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 94<sup>th</sup>  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
94<sup>th</sup> (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury ✓  
23. Signature J. P. Frost (M. D. or other) M.D.  
Address Washington, Mo. Date signed 5/4/40

3. (a) PRINT FULL NAME HEDWIG T. SEMON 550

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased October 7 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Andrew Semon

13. Birthplace Unknown, Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Hedwig Kosch

15. Birthplace Unknown, Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Elbert  
(b) Address Washington, Missouri

17. (a) Burial (b) Date thereof May 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Missouri

18. (a) Signature of funeral director Nichols & Witt, Inc.  
(b) Address Washington, Missouri  
19. (a) May 4-1940 (b) H. A. May  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

J. P. Frost

**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 Me

Lester H. Vitt, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, above space should be left blank.**