

FILED NOV 29 1945

Primary Registration District No. **1003**

Registrar's No. **10032**

20
17
9

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST LOUIS MO.

(c) Name of hospital or institution: CITY ISCLATION HOSPITAL.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/31/45 to 11/18/45 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST, LOUIS MO (If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL ST. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUIS SEMBER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 18
year 1945 hour 3 minute 5 P.M.

21. I hereby certify that I attended the deceased from 8/31
19 45 to 11/18 19 45;
that I last saw him alive on 11/18 19 45;
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife Emma Sember

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 30th 1862
(Month) (Day) (Year)

Immediate cause of death

Gangrene of Feet
Generalized Arteriosclerosis

Duration
1945
1944

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>19</u>	hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation UNKNOWN MAINTENANCE

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name WILLIAM SEMBER.

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

14. Maiden name MARY

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

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 11/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Southern Funeral Home

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) Nov 20 1945 (b) J. F. Bredel
(Date received and registered) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Palmer Prussner (M. D. or other) _____

Address 5800 ARSENAL Date signed 11-19-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

J. W. Binkley

Licensed Embalmer No.....

3657

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.