

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2656**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
5985a Lotus Avenue.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **5985a Lotus Avenue.**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT **Susan Ann Semple**
FULL NAME
(b) If veteran, name war **None**
(c) Social Security No. **None**
(d) Sex **Female** (e) Color or race **White**
(f) (a) Single, widowed, married, divorced **Single**
(g) (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
(h) Birth date of deceased **February 18, 1947.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **12** th
year **1947** hour **1.10** P.M. minute _____ M.
21. I hereby certify that I attended the deceased from **Feb 18**
1947 to **March 12, 1947**
that I last saw her alive on **March 6, 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days **22** If less than one day _____ hr. _____ min.
9. Birthplace **St. Louis, Missouri.**
10. Usual occupation **none**
11. Industry or business _____
12. Name **Charles Semple.**
13. Birthplace **St. Louis, Missouri.**
14. Maiden name **Dorothy E. Oswald.**
15. Birthplace **St. Louis, Missouri.**
16. (a) Informant **Mr. Charles Semple.**
(b) Address **5985a Lotus Avenue.**
17. (a) **Burial** (b) Date thereof **3-13-1947.**
(c) Place: burial or cremation **Zions Cemetery.**
18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**
(b) Address **5966-68 Easton Avenue.**
19. (a) **MAR 23 1947** (b) **J. F. Bredack**

Immediate cause of death **Congenital heart disease**
Duration **life**
Due to _____
Due to **157**
Other conditions _____
Major findings: Of operations _____
Of autopsy **Congenital heart disease stain of aorta**
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? _____
(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 **Smith & Jones** (M. D. or other) **M.D.**
Address **4500 Olive** Date signed **3/12/47**

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

MOTHER FATHER

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 *Roy E Campbell*

Licensed Embalmer No. 3881

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.