

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38835

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 3609, Palm) St. _____ Ward _____
 Registered No. **11571**

2. FULL NAME

Theodore Siff
 (a) Residence, No. _____ St., 10 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male | White | married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Siff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 | 8 | 12

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Moving Picture Operator
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chicago Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jacob Siff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN-NAME OF MOTHER Rachael Frank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Belle Siff
 (Address) 3609 Palm St.

15. FILED DEC 26 1927 Max Starkloff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/26 1927

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Dec 26, 1927, that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Debat Pneumonia
23A
108

CONTRIBUTORY (SECONDARY) Phthisis Pulmonalis
about

18. WHERE WAS DISEASE CONTRACTED Chicago Ill.
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
12/20, 1927 (Signed) H. E. Gould, M. D.
 (Address) 4503 Page

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago Ill. DATE OF BURIAL Dec-26 1927

20. UNDERTAKER H. Rindskopf ADDRESS 5216 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Inclined not in St. Louis records 2 cl.

Form