

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

Do not use this space.

2305

1. PLACE OF DEATH

County St. Louis
Township Central
City Crane Cove, Mo. (No. 1)

Registration District No. 790
Primary Registration District No. 4033

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence. No. John Sigmund
(Usual place of abode) Crane Cove St. Louis Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Sigmund

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 15-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 11

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

9. BIRTHPLACE (CITY OR TOWN) Europe (STATE OR COUNTRY) 33

10. NAME OF FATHER John Sigmund

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

12. MAIDEN NAME OF MOTHER Wickham

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

14. INFORMANT (Address) Margaret Sigmund
Crane Cove, Mo.

15. FILED Jan 27 1932 R. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-26-1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 26, 1932, that I last saw him alive on Jan 26, 1932, and that death occurred, on the date stated above, at 12:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
9 1/2 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. D. M. Donald M. D.
. 19 Crane Cove, Mo.

*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 St. Monica Cem. DATE OF BURIAL 1/28/1932

20. UNDERTAKER Baumann Bros. ADDRESS 2504 Woodson Overland, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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JAN 25 1932

1. 1970