

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

Do not use this space.

17494

1. PLACE OF DEATH

County.....

Registration District No. 7901

Township.....

Primary Registration District No. 1000

City St. Louis (No. St. Johns Hospital)

File No.

Registered No. 4401

St. Ward

2. FULL NAME

(a) Residence, No. William Sigmund St. 12 Ward. Wentzville mo
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18-1889

7. AGE YEARS 72 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1238

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Paul mo

13. NAME Wm. Sigmund

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT Mario Sigmund (ADDRESS) St Paul mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville Mo DATE May 6 '32

19. UNDERTAKER Pitman and (ADDRESS) Wentzville Mo

20. FILED May 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932 to May 3, 1932
I last saw him alive on May 3, 1932 Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum Jan-1932
460
730
460
1238 (1)

Other contributory causes of importance: hypertension chronic

Name of operation Colostomy Date of Apr 26 '32
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. P. Glennon, M. D.
(Address) May 3, 1932

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

MARGIN RESERVED FOR BINDING

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.

V. S. 20-2

