

DEC 18 1934

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

Do not use this space.

39419

## 1. PLACE OF DEATH

County Jackson  
Township Frank  
City Kansas City (No. 3019)

Registration District No. 399  
Primary Registration District No. 1007

File No. 49310  
Registered No. 49310 Ward

## 2. FULL NAME

Samuel A. Seigelbaum

(a) Residence, No. 3019 W. 24th St. Ward.

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Seigelbaum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1876</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>4</u>	DAYS <u>3</u>
If LESS than 1 day, .....hrs. or .....min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Paper</u>
	10. Date deceased last worked at this occupation (month and year) <u>12-1-34</u>
11. Total time (years) spent in this occupation <u>1</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Wafflinton

13. NAME  
Samuel A. Seigelbaum

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

15. MAIDEN NAME  
Mary Ann Frank

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

17. INFORMANT  
Sam A. Seigelbaum  
(ADDRESS) 3019 W. 24th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rose Hill DATE 11-12-34, 19

19. UNDERTAKER (ADDRESS)  
J. T. Louis Funeral Home

20. FILED 11-11, 19 W. M. M. Curry  
asst. Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3rd, 1934, to Nov 10th, 1934

I last saw him alive on Nov 10th, 1934. Death is said

to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset Nov 1-34

Paralytic Ileus  
General Peritonitis

Other contributory causes of importance:

Paralytic Ileus  
General Peritonitis

Name of operation Laparotomy Date of 11-4-34  
What test confirmed diagnosis? Phys. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ 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 Joseph Peterson, M. D.

(Signed) Joseph Peterson, M. D.  
(Address) 1219 Health Bldg.

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.

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