APR 23 1936

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

Do not use this space.
10609

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 1002
City Kansas City (No. General Hospital St. Ward)

File No.
Registered No.

2. FULL NAME Bernard Ben SIEGER

(a) Residence, No. 4204 Flora Ave., St., 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 Elma Sieger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 11th, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	55	X	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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 25

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

FATHER

13. NAME Henry Sieger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Sieger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Elma Sieger (wife) 4204 Flora, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 3/9/36 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley K.C.Mo.

20. FILED Mar 9 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/36, 19

22. I HEREBY CERTIFY (That I attended deceased from Dysentery Chronic 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at 6 15 P m.
The principal cause of death and related causes of importance were as follows:

Acute and Chronic Pyelonephritis (Pyelonephritis)

Date of onset

Other contributory causes of importance: 133 a

No

Name of operation ... Date of ...
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? ... 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?
If so, specify
(Signed) ..., M. D.
(Address) ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.