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.

Ca Co — 2432

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

OCT 14 1937

Do not use this space.

32799

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

File No. .....

Registered No. 8853

2. FULL NAME Herman Siegel

(a) Residence, No. 7322 Pennsylvania St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 42 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Christiana Kunkel Rick Siegel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	11	21	

31

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 3-1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Arnold A. Cook MD
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE Sept 23/37, 19

19. UNDERTAKER Fendler Und Co.
(ADDRESS) 7420 Michigan Ave.

20. FILED SEP 22 1937, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19, to 9-20-37, 19

I last saw him alive on 9-20-37, 19. Death is said to have occurred on the date stated above, at 10:25 P.M.

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

	Date of onset
Senility 7-1-37x	

Other contributory causes of importance:

Chronic Myocarditis and Myocardial Degeneration 7-1-37x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Arnold A. Cook, M. D.

(Address) 5300 Arsenal St.

I the undersigned certify that I have embalmed the body of Herman Seigel for the Fendler Undertaking Co.,7420 Michigan Ave. St. Louis Mo.

#2679