

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
10038858  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis, Mo. (d) Street No. 2749 A Laclède Ave Registered No. 2447  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nelson Sigler 246

(a) Residence, No. 2749 A Laclède Ave St. 21 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND OF (OR) WIFE OF Ida Sigler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
About 51

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), Nashville Tenn  
 (STATE OR COUNTRY) Henderson

13. NAME Henderson Sigler

14. BIRTHPLACE (CITY OR TOWN), Tenn  
 (STATE OR COUNTRY)

15. MAIDEN NAME Sonia Smiley

16. BIRTHPLACE (CITY OR TOWN), Tenn.  
 (STATE OR COUNTRY)

17. INFORMANT Ida Sigler  
 (ADDRESS) 2749 A Laclède Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington Park DATE March 12th 1938

19. FUNERAL DIRECTOR A. L. Beal and Co.  
 (ADDRESS) 2726 Lucas Ave

20. FILED MAR 12 1938 J. P. Bredeek  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9th 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 3-9, 1938.

I last saw him alive on 3-9th, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Mitral insufficiency

Other contributory causes of importance: 9/2

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 J. H. Williamson, M. D.

(Address) 3200 E. Franklin Ave.

**STATEMENT BY LICENSED EMBALMER**

I, John E. Pope, Licensed Embalmer No. 1463

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. John E. Pope

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John E. Pope

Licensed Embalmer No. 1463

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**