

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

REC'D OCT 12 1938

30791
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1008**

(c) City **St. Louis** (d) Street No. **Jewish Hospital** Registered No. **8228**

(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 **SIEGEL SAM**

(a) Residence, No. **734 KINGSLAND AVE** St. **MO** **U. City Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miriam Siegel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not Known		
7. AGE YEARS	MONTHS	DAYS
About 68		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Presser	
	9. Industry or business in which work was done, as saw mill, bank, etc. Mens Clothes	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
	13. NAME Jacob Siegel	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
17. INFORMANT (ADDRESS) Maurice Siegel 734 Kingsland		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ches Shel Emeth DATE 9-19-38		
19. FUNERAL DIRECTOR (ADDRESS) H. Rindorff 5216 Delmar		
20. FILED SEP 18 1938 J. F. Bricker Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-18**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **9-3**, 19**38**, to **9-18**, 19**38**

I last saw him alive on **9-17**, 19**38**. Death is said to have occurred on the date stated above, at **6:00 a.m.**

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

Arterio sclerosis, general
Arterio sclerotic Heart Disease
Coronary Disease

Other contributory causes of importance: *Diabetes*

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) **William Berman**, M. D.
 (Address) **Jewish Hospital**

Date of onset
1921
1921

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Herman Lindhoff*

Licensed Embalmer No. *2207*

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.)