

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28646

Do not use this space.

REC'D SEP 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 877  
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delphine Siglar

(a) Residence, No. 524 North 9th. St.  (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. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Leroy Siglar (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1862

7. AGE YEARS 77 MONTHS 2 DAYS 7 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 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) Chesterville (STATE OR COUNTRY) Ohio

FATHER 13. NAME Olin Wait

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

MOTHER 15. MAIDEN NAME Sarah Higgins

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

17. INFORMANT Mrs. C.A. Will (ADDRESS) 524 North 9th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE August 29, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 8/29 1939 A.J. Wetliapusk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 4, 1936 to August 27, 1939

I last saw h. er. alive on August 26, 1939. Death is said to have occurred on the date stated above, at 3:05 A.

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

Acute Coronary sclerosis Date of onset 6 days  
59

Other contributory causes of importance:  
Arterio-sclerosis general  
Diabetes Mellitus

Name of operation none Date of 5/22  
 What test confirmed diagnosis clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) A.W. Carle, M. D.

(Address) Phys. & Surg. Bldg. St. Jos. Mo.

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.

WHILE IN LINE, WITH EMPLOYER'S NAME THIS IS A PERMANENT RECORD

1 X16203

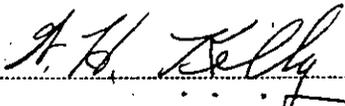
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. Missouri #3946

P. O. Address St. Joseph, Missouri.

**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.)**

**If this body is not embalmed, above space should be left blank.**