FEB 28 1940

S. No. 2
—11-10-39
. 5-17-39
I X21492

96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8232

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 419

1. PLACE OF DEATH:

(a) County St. Louis County

(b) ~~City or town~~ Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 1/29/40. (Specify whether years, months or days)

In this community –

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County

(c) City or town Worden (If outside city or town limits, write "RURAL")

(d) Street No. – (If rural, give location)

(e) If foreign born, how long in U. S. A.? – years.

3. (a) PRINT FULL NAME Bernhard Siegle 240

3. (b) If veteran, name war World War

3. (c) Social Security No. –

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife –

6. (c) Age of husband or wife if alive – years

7. Birth date of deceased September 9, 1884 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Prairetown, Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business WPA

FATHER 12. Name Joseph Siegle,

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Kate Mueller,

15. Birthplace Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Siegle VAF, Jeff. Bks., Mo.

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Worden, Illinois

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) FEB 28 1940 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1940 hour 4:45 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 29th 1940, 19, to February 28, 19 40 that I last saw him alive on February 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Arteriosclerotic heart disease with myocardial damage,	
Due to auricular fibrillation and myocardial insufficiency. Class 5.	unkn.
Due to	
Other conditions Mesenteric Thrombosis. (Include pregnancy within 3 months of death)	unkn.

93 A1

Major findings: Of operations Mesenteric Thrombosis.

Operation: Exploratory laparotomy w/ resection of small intestine & side to side anastomosis

Of autopsy No autopsy.

PHYSICIAN — Underline the cause to which death is charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature HARRY LEVINE, M.D. (M. D. or other)

Address Acting Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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

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