

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2627 Clifton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME LOUIS. E. SIEGLER. 246

8. (b) If veteran, name war no 8. (c) Social Security No. 210

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if _____

7. Birth date of deceased DEC 14, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 22 If less than one day _____
hr. _____ min.

9. Birthplace ST. CHARLES MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business RETIRED.

12. Name JOSEPH SIEGLER.

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

14. Maiden name CATHARINE STEWARD

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

16. (a) Informant Louis's Delworth.

(b) Address 2627 Clifton

17. (a) BURIAL (b) Date thereof 4/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. PETER & PAUL CH

18. (a) Signature of funeral director J. P. Muller Jr

(b) Address 2128 Michigan

19. (a) APR 8 1940 (b) J. J. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 CLIFTON. H.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
year 1940 hour _____ minute 5 A. M.

21. I hereby certify that I attended the deceased from Sept, 1939, to Apr 6, 1940
that I last saw live on Apr 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Valvular heart lesion Duration 3y

Due to _____
Due to _____

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Shaw (M. D. or other) MD
Address Pastern Med Bldg Date signed 4/8/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Shaw. 72.4131

462 N. Taylor.

No. 3933

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.....

Geo. P. Fendler - Jr.

Licensed Embalmer No. 925.....

P. O. Address.....

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.