No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36211

FILLED OCT 28 1941

Registration District No. 784 Primary Registration District No. 300 Registrar's No. 2131

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

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Rural, St. Ferdinand Patterson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Sanatorium of St. Louis D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One year 9 mos. 20 days (Specify whether In this community 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County — 000
(c) City or town St. Louis 17 (If outside city or town limits write "RURAL")
(d) Street No. 1418 Biddle Street 9 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Dave Seigel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower J
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ---- (Month) (Day) (Year)

8. AGE: Years About 62 | Months -- | Days -- | If less than one day hr. min.

9. Birthplace 6 Russia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Furn. Dealer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace 6 Russia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace 6 Russia (City, town, or county) (State or foreign country)
16. (a) Informant Eli Seigel
(b) Address 7440 Tulane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive (Jewish) Cem.
18. (a) Signature of funeral director Herman Kindskopf
(b) Address 5216 Delmar
19. (a) OCT 20 1941 (Date received local registrar) (b) C. A. Mo Gavan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1941 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from January 30, 1940, to October 20, 1941; that I last saw him alive on October 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lungs (rt. lower lobe)	
Due to Bronchiectasis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 47d	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature Julia Simon (M. D. or other) D
Address Jewish Sanat. Bolestor, Mo. Date signed 10/20 41

(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 Chas. W. Isaur

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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

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