

FILED FEB 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1236

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5368 Delmar Blvd /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 5368 Delmar
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Florence Siegfried.
 3. (b) If veteran, name war..... None
 3. (c) Social Security No..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 6th
 year..... 1943 hour..... 4:30 minute..... A. M.

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Clarence Siegfried
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... Dec 8 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 1 28 hr. min.

Immediate cause of death.....
Coronary Sclerosis
Arterio Sclerosis

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to.....
 Due to.....

10. Usual occupation..... At Home

Other conditions.....
(Include pregnancy within 3 months of death)

MOTHER FATHER {
 11. Industry or business.....
 12. Name..... William H. Rothschild.
 13. Birthplace..... New York New York
(City, town, or county) (State or foreign country)
 14. Maiden name..... Emma Fox
 15. Birthplace..... Cincinnati Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant..... Clarence Siegfried
 (b) Address..... 5386 Delmar Blvd.
 17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof..... 2/8/43
(Month) (Day) (Year)
 (c) Place: burial or cremation..... OAK GROVE CREMATORY
 18. (a) Signature of funeral director..... C.R. Lupton & Sons.
 (b) Address..... 7233 Delmar Blvd.
 19. (a) FFB 8 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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?
 While at work?.....
(Specify type of place)
 23. Signature..... Alfred Perry (M.D. or other)
 Address.....
 Date signed..... 2/8/43

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

St. Louis Coroner.

E. S. Urban.
1117 No. Union
Rd-1600.
1-3 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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, fact should be so stated above.