

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30386

State File No.

Registrar's No.

SEP 21 1943

318

1003

8207

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Orthodox Old Folks Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 (Specify whether
 years, months or days) 5

3. (a) PRINT FULL NAME Minnie Siegel3. (b) If veteran, name war No 3. (c) Social Security No. No4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Lippman Siegel 6. (c) Age of husband or wife if alive unk years7. Birth date of deceased unk (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
ah 80 hr. min.9. Birthplace Lithuania (City, town, or county, - (State or foreign country) 810. Usual occupation at home

11. Industry or business

12. Name unk Stern 13. Birthplace unk (City, town, or county) (State or foreign country) 914. Maiden name unk 15. Birthplace unk (City, town, or county) (State or foreign country) 916. (a) Informant McPherson (b) Address 4715 McPherson17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham. Heg. Bethl18. (a) Signature of funeral director Benger Memorial(b) Address 4715 McPherson19. (a) SEP 15 1943 (b) J. Forester (Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 mo
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 1438 E. Grand (If rural, give location) 9
 (e) Citizen of foreign country? unk (Yes or No) D
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14
year 1943 hour 6 minute 3021. I hereby certify that I attended the deceased from Aug 5, 1943
19 9/13 to Sept 13 19 43
that I last saw her alive on 9/13 and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis
arteriosclerosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9/13

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) (c) Means of injury

23. Signature M. J. Gullenson (M. D. oneher) 9/14/43
Address 508 Main Ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....
.....
.....
working under my personal supervision.

not embalmed

Signed *[Signature]*

Licensed Embalmer No. *1597*

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, fact should be so stated above.