

FILED APR 24 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3451

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 18 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5531 Wells Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MECHEL SEIGEL

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha Seigel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years about 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business General

MOTHER FATHER { 12. Name David Schlow Seigel
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Winkler
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant abe seigel

(b) Address 5531 Wells Ave

17. (a) Buried (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel of the Emeth

18. (a) Signature of funeral director Overlander

(b) Address 4469 Washington

19. (a) APR 15 1946 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1946 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from 3/6/46
to 4/15/46, 19____, to 4/15/46, 19____
that I last saw him alive on 4/15/46, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure due to primary TB + emphysema
Due to Primary T.B., Far advanced

Due to _____

Other conditions 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____
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) (e) Means of injury _____

23. Signature Lilya Seigel 1515 Lafayette St. St. Louis, Mo.
Address _____ Date signed _____

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

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.

Not Embalmed

Signed..... *W. J. Overlander*

Licensed Embalmer No..... *3669*

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.