

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18904

State File No.

4766

Registration District No.

318

Primary Registration District No.

1003

Registrar's 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: Missouri Baptist Hospital  
(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)

3. (a) PRINT FULL NAME William Siegler  
3. (b) If veteran, name war Nil  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Siegler 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased January 14 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Machinist

11. Industry or business Brewery

12. Name William Siegler

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

14. Maiden name Carolina Lami

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

16. (a) Informant Emma Siegler

(b) Address 4544 Davison Ave.

17. (a) Burial (b) Date thereof 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 28 1946 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4544 Davison Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1946 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan  
1946 to May 25 1946  
that I last saw him alive on May 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Glomerula

Due to Nephritis

Other conditions (include pregnancy within 3 months of death) 47

Major findings: Of operations 131

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)  
Means of injury MD

23. Signature Joseph E. Casely (M. D. or other) MD  
Address 906 Olive St. Date signed 5-25-46

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

17782

9947

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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 Henry M. Brammer  
Licensed Embalmer No. 4200  
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.