

FILED MAR 31 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2987

11542

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: City Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 4 Hours  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 7827 Reilly ave.  
(If rural, give location) 90  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Amalie "Mollie" Sigg

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph A. Sigg

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 25 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mathias Weik

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

14. Maiden name Mary Otzenberger

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

16. (a) Informant Miss Pauline Sigg

(b) Address 7827 Reilly ave.

17. (a) Burial (b) Date thereof March 21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) MAR 20 1947

(b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 17 Mar 1947 to Mar 18 1947  
that I last saw her alive on Mar 18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Virus Pneumonia Duration 24 hr.

Due to Inferenza 3 weeks

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 Walter L. Bartwick (M. D. or other) M.D.  
Address 7629 So. Broadway Date signed 3/19/47

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

Dr. Berndok then get OK  
from Dr. Perry at  
Coroners Office.

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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

*Harry J. Schumaker*

Licensed Embalmer No. *2679*

P. O. Address

*7814 S. Broadway*

**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.