No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34703

FILED OCT 18 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8711

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1314 Shawmut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 +

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. 1314 Shawmut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAM SIEGELMAN (aka SIEGEL)
3. (b). If veteran, name war —
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Apr 65 (Month) (Day) (Year)

8. AGE: Years Apr 65 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Watchman
11. Industry or business

FATHER
12. Name Jacob Siegelman
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Minnie Goldstein
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mrs Fannie Siegelman
(b) Address 1314 Shawmut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/1948 (Month) (Day) (Year)
(c) Place: burial or cremation B'nai Amoona
18. (a) Signature of funeral director Beeger Memorial
(b) Address 4715 McPherson Avenue
19. (a) OCT 6 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from June 1st, 1947, to Oct 6th, 1948; that I last saw h. alive on Oct 5th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Larynx	14 mo
Due to:	
Due to:	
Other conditions: Secondary aneurism (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Frank Turner (M. D.)
Address 1251 Blackstone Date signed Oct 6-1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis Ludwig

Licensed Embalmer No. 4529

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.