

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42027**
Registrar's No. **2900**

Registration District No. **579**

Primary Registration District No. **2002**

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

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

3: (a) PRINT **JOSEPH SIEGEL**
FULL NAME
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 **Pauline Siegel** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Nov. 8 1880**
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **3** If less than one day hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Jacob Siegel**

MOTHER FATHER

12. Name **Jacob Siegel**

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

14. Maiden name **Recher Epstein**

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

16. (a) Informant **Mrs. J. Siegel**
(b) Address **520 Westgate Ave.**

17. (c) **Burial** (b) Date thereof **12-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
B'Nai Amoona Cem.

18. (a) Signature of funeral director **Herman Rindskopf, Inc.**
(b) Address **5216 Delmar Blvd.**

19. (a) **12-12-48** (b) **Shmuel Weintraub**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **520 Westgate Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **11**
year **48** hour **3** minute **A.M.**
21. I hereby certify that I attended the deceased from **out 6** 19**47** to **Dec 11** 19**48**
that I last saw him alive on **Dec 11** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia** Duration **7 days**
Due to **nephrosclerosis** **2 years**
Due to **generalized arteriosclerosis** **many years**
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **13/6**
Of autopsy **none**

PHYSICIAN
Underline the cause to which death should be charged statistically.

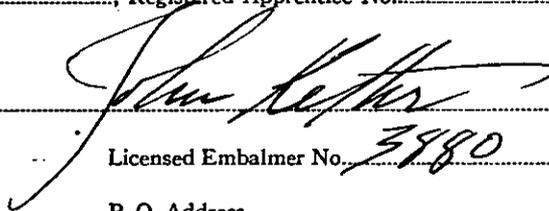
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **Joseph Majidson** (M. D. or other) **M.D.**
Address **520 Westgate** Date signed **12/11/48**

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.....



Licensed Embalmer No. 3980

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.