

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22045**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1298**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. LENGTH OF STAY (In this place) 11	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		d. STREET ADDRESS (If rural, give location) 730 Kingsland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Berliner Nursing Home			
3. NAME OF DECEASED a. (First) SHULIM b. (Middle) _____ c. (Last) SIGOLOFF			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Eli Sigoloff		13b. MOTHER'S MAIDEN NAME Hannah Silver	14. NAME OF HUSBAND OR WIFE Fannie Sigoloff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Sigoloff-730 Kingsland
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Essential hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 83a	
INTERVAL BETWEEN ONSET AND DEATH ?			
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 444X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 5/19 , 19 49 , to 5/21 , 19 49 , that I last saw the deceased alive on 5/19 , 19 49 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) R. O. Hayden M.D.		23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED 5/23/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/23/49	24c. NAME OF CEMETERY OR CREMATORY Ghesed Shel Emeth Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. 5-23-49		REGISTRAR'S SIGNATURE Harold L. King M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudolph, Inc. - 5216 Belmont

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Kettes

Licensed Embalmer No. 3820

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.