

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25278

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6672

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>Doo</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5817 Waterman Ave. | | d. STREET ADDRESS (If rural, give location) 5817 Waterman Ave. | |
| 3. NAME OF DECEASED a. (First) SARAH | | c. (Last) SEIGLE | |
| 5. SEX Female | | 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. 81 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | |
| 11. BIRTHPLACE (State or foreign country) Poland | | 12. CITIZEN OF WHAT COUNTRY? 4 | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Lazarus Seigle | | 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 Lazarus Seigle-5817 Waterman Ave. | |

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|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Anteroselective Heart Disease | | Years | |
| ANTECEDENT CAUSES | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (b) | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 95 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H200 | |

22. I hereby certify that I attended the deceased from 12/26, 1948, to date, 19 , that I last saw the deceased alive on April 21, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

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|--|--|--------------------------------|--|--|--|
| 23a. SIGNATURE <i>B. G. Glassberg M.D.</i> (Degree or title) | | 23b. ADDRESS 634 N. Grand Blvd | | 23c. DATE SIGNED 8/1/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8/3/49 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |

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|-------------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. AUG 1 1949 | | REGISTRAR'S SIGNATURE <i>J. B. Franter</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman Rudolph, Inc 5816 Delmar</i> | |
|-------------------------------------|--|--|--|---|--|

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

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

John Ketter

Licensed Embalmer No. *3880*

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.