

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35662

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2560

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1963 Ucevle Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 4241
d. STREET ADDRESS (If rural, give location) 1963 Ucevle Ave

3. NAME OF DECEASED
a. (First) Evaline Siegel
b. (Middle)
c. (Last) Siegel

4. DATE OF DEATH (Month) (Day) (Year)
Oct 20 1950

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 2

8. DATE OF BIRTH 7-22-1874

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Waterloo Ill 1

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME Emory B. Slate

13b. MOTHER'S MAIDEN NAME Mary Wizwell

14. NAME OF HUSBAND OR WIFE Dec Valentine (George Siegel)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Florence Mueller, 1963 Ucevle

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion Coronary Arteries
ANTECEDENT CAUSES Coronary sclerosis
Morbid 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.
Drophiaqueste Herma
Chronic Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH
Unknown
61
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1950 to Oct 15, 1950, that I last saw the deceased alive on Oct 15, 1950, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. M. Mc Carthy M.D.

23b. ADDRESS
539 N. Grand Blvd

23c. DATE SIGNED
10-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Oct 23 1950

24c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park

24d. LOCATION (City, town, or county) (State)
St. Louis County Mo.

DATE REC'D BY LOCAL REG
OCT 23 1950

REGISTRAR'S SIGNATURE
H. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Jos. W. Clark 1125 Hodiamont Ave

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

4001

Dr. John Milton McCann

5392 Niagara Ave

10.45 to 11.

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 Embalmer No.

Signed _____

Blair R. Sadwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

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.