No. 300
10-48

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39729

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10557

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2027
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 10 c. LENGTH OF STAY (in this place) 45 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5 St.Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St.Lukes Hospital	d. STREET ADDRESS (If rural, give location) 5861 Washington

3. NAME OF DECEASED (Type or Print)	a. (First) Edith	b. (Middle)	c. (Last) Siegel	4. DATE OF DEATH (Month) (Day) (Year) Nov.26,1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH ~~June 6, 1906~~ unk	9. AGE (In years last birthday) ~~45~~ abt 43 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) Saleslady	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) St.Louis ,Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Siegel	13b. MOTHER'S MAIDEN NAME Jennie Goldman	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Wm. Siegel 5861 Washington		ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH yrs

ANTECEDENT CAUSES
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. Congestive Heart Failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 022X	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) m.	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* 8-29, 1951, *to* 11-26, 1951, *that I last saw the deceased alive on* 11-26, 1951, *and that death occurred at* 4:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bruce Kenamore MD	23b. ADDRESS 457 N. Kingshighway St Louis	23c. DATE SIGNED 27 Nov 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/27/51	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth
24d. LOCATION (City, town, or county) University City (State) Mo.		
DATE REC'D BY LOCAL REG. NOV 27 1951	REGISTRAR'S SIGNATURE J Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 4229

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.

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THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis }

State File No. 39729
Local Registrar's No. 10547

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of November, 1951, before me appears Sam Siegel, who, upon his oath, states that the original record of ~~birth~~ death for Edith Siegel died ~~born~~ Nov. 26, 1951, in the State of Missouri, and which was filed at St. Louis, Mo on Nov. 27, 1951, should be corrected as follows:

Item No. 8 should read unknown
Instead of June 6, 1906

Item No. 9 should read ab 43
Instead of 45

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sam Siegel BROTHER
Relationship.

3861 Washington
Present Address.

Subscribed and sworn to before me this 29th day of November, 1951

My Commission expires Aug. 1, 1952 Louis J. Lindberg Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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