

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39731
10679

DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2234</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>1702 South 7th Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELBERT</u> b. (Middle) <u>TRAVIS</u> c. (Last) <u>SIGMON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>7-13-82</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brakeman</u>		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Sigmon</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shelby</u>		14. NAME OF HUSBAND OR WIFE <u>Cordie Sigmon</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>Nil</u>		16. SOCIAL SECURITY NO. <u>702-16-4917</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cordie Sigmon 1720 South 7th Street.</u>	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.N.S. LES.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u>	
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. <u>Syst hypertension</u>		1940	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>026X</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to Nov. 29, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Paul D. Hill</u>		23b. ADDRESS <u>St. Paul Hosp</u>		23c. DATE SIGNED <u>11-30-51</u>	
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24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>11-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri.</u>					

DATE REC'D BY LOCAL REG. <u>DEC 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington Blvd</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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

John S. Penneke

Signed.....
Student Embalmer

Licensed Embalmer No. 4194

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.