

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39732

1003

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. **10685**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2059	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (In this place) 11 3-DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0'	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home		d. STREET ADDRESS (If rural, give location) 6218 Northwood	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle)	c. (Last) SIGOLOFF	4. DATE OF DEATH (Month) (Day) (Year) DEC. 1, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Mens' Wear	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eli Sigoloff	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lena Sigoloff
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Sigoloff-6218 Northwood ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		
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. None			

19a. DATE OF OPERATION Oct 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 187X
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22. I hereby certify that I attended the deceased from **June**, 1950 to **30 Nov**, 1951, that I last saw the deceased alive on **30 Nov**, 1951, and that death occurred at **7:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Leo Sattler M.D. (Degree or title)	23b. ADDRESS 457 N. Kings Highway St. Louis	23c. DATE SIGNED 1 Dec 51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/2/51	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL DEC 3 1951	REGISTRAR'S SIGNATURE Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudekopp Inc - 5216 Delmar ADDRESS
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

L. W. ...

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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, W.*

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.