

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF INDIANA
STANDARD CERTIFICATE OF DEATH

State File No. 22647

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5502

1. PLACE OF DEATH a. COUNTY <u>None</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>INDIANA</u> b. COUNTY <u>St. JOSEPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTH BEND</u> <u>8130</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>2609 SAMANSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S, ST. LOUIS, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ANN</u> c. (Last) <u>SIEGEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	8. DATE OF BIRTH <u>7 July 1947</u>	9. AGE (In years last birthday) <u>4</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>SOUTH BEND, IND. 1</u>	

13a. FATHER'S NAME <u>DONALD SIEGEL</u>	13b. MOTHER'S MAIDEN NAME <u>MARILYN JEANNE HATFIELD</u>	14. NAME OF HUSBAND OR WIFE <u>No</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. SHELLEY</u> ADDRESS <u>500 So. Kings Highway</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE LYMPHATIC LEUKEMIA</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>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>No</u>	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? <u>2040</u>
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22. I hereby certify that I attended the deceased from 1 May 1952, to 16 June 1952, that I last saw the deceased alive on 16 June 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Klingberg MD</u> (Degree or title)	23b. ADDRESS <u>500 So. Kings Highway, St. Joseph, Mo</u>	23c. DATE SIGNED <u>16 June 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>South Bend City</u>	24d. LOCATION (City, town, or county) (State) <u>South Bend, Indiana</u>
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DATE REC'D BY LOCAL REG. <u>JUN 10 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Kemmer</u> ADDRESS <u>Belleville, Ills.</u>
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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 _____

not embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Geo. Kemmer.
Licensed Embalmer No. 2314

P. O. Address Belleville Ills

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.