

FILED JUN 24-1954

STANDARD CERTIFICATE OF DEATH

State File No. **21252**
Registrar's No. **5269**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **#40. N. Kingshighway Blvd.**

e. STREET ADDRESS (If rural, give location) **225 14 N. Eighteenth Street / 0**

3. NAME OF DECEASED a. (First) **HAROLD** b. (Middle) **J.** c. (Last) **SIGOLOFF**

4. DATE OF DEATH (Month) (Day) (Year) **June 12, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Aug. 22, 1923**

9. AGE (In years last birthday) **30** if UNDER 1 YEAR **9** Days **21** if UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Max Sigoloff**

13b. MOTHER'S MAIDEN NAME **Celia Verschleiser**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **yes W.W.#2**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Max Sigoloff-4910 W. Pine Street**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Shotgun wound of skull and brain. Body blown to bits, administered when deceased shot self with gun and later in some unknown manner detached**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.**
II. OTHER SIGNIFICANT CONDITIONS **Squawite in room #26 at #40 N. Kingshighway, about #50 away**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **June 12, 1954 while suffering a mental aberration suicide**

19c. MENTAL STATUS YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Suicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, or other office bldg., etc.) **None**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **June 12 54 4:30 a.m.**

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

21f. HOW DID INJURY OCCUR? **E976X**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:50A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick J. Taylor Coroner**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **6/12/54**

24a. BURIAL: CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **6/13/54**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Sinai Cemetery**

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

DATE REC'D BY LOCAL REG. **JUN 14 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Herman Rindskopf, Inc., 5216 Delmar Bl**

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.....
Signature of Student Embalmer

Signed *John Ketter*.....
Licensed Embalmer No. 388.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.