

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14876**  
Registrar's No. **3550**

FILED APR 26 1956

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>St. Louis</b>  |                                  | c. CITY OR TOWN<br><b>St. Louis</b>   |   |
| c. LENGTH OF STAY (In this place or township)<br><b>10 days</b>   |                                  | d. Is residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Jewish Hospital</b>   |                                  | e. STREET ADDRESS (If rural, give location)<br><b>1483a Clara Avenue</b>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JENNIE</b><br>b. (Middle)<br>c. (Last) <b>SIEGEL</b>   |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 9, 1956</b>   |   |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>never married</b>  | 8. DATE OF BIRTH<br><b>Dec. 1905</b>  |
| 9. AGE (In years last birthday) <b>ab. 51</b>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b>      |
| 10a. USUAL OCCUPATION   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Abe Siegel</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Annie</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mayne Siegel 6916 Melrose U. City</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                       |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon Dioxide Narcosis</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Chronic Pulmonary Emphysema</b><br>DUE TO (c) <b>Kyphoscoliosis</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Cor Pulmonale</b> |   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>434.0</b>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR   |
| 22. I hereby certify that I attended the deceased from <b>3/30, 1956</b> , to <b>4/9, 1956</b> , that I last saw the deceased alive on <b>4/9, 1956</b> , and that death occurred at <b>10:30</b> m., from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE<br><b>J. E. Braverman</b><br>(Degree or title) <b>M.D.</b>   |                                  | 23b. ADDRESS<br><b>Jewish Hospital</b>  | 23c. DATE SIGNED<br><b>4/9/56</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 24b. DATE<br><b>4/10/56</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Chased Shel Emeth</b>                        |
| 24d. LOCATION (City, town, or county)<br><b>Univ. City, Mo.</b>   |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Berger Memorial 4715 McPherson</b>   |   |
| DATE REC'D BY LOCAL REG.<br><b>APR 10 1956</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>   |   |

---

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.....  
Licensed Embalmer No. 398

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.