No. 300
10.48

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

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36198

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8268

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1419 NO. 8th ST, APT, 104 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST LOUIS,
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 1419 NO 8th ST. APT, 104

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): J.
c. (Last): SIGNAIGO

4. DATE OF DEATH (Month) (Day) (Year): SEPT, 4, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC, 2, 1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED INSURANCE MAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MANCHESTER MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JOHN F. SIGNAIGO
13b. MOTHER'S MAIDEN NAME: CARRIE HERZOG
14. NAME OF HUSBAND OR WIFE: MABEL SIGNAIGO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: #
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MABEL SIGNAIGO 1419 NO 8TH ST. APT, 104

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, rt. lung, with metastases to pleura and to pericardium. — INTERVAL BETWEEN ONSET AND DEATH: ? 10 mos

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 162x
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/29/50, 19___, *to* 9/4/56, 19___, *that I last saw the deceased alive on* 8/30/56, 19___, *and that death occurred at* 1:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE Ellis S. Lipsitz (Degree or title) — Ellis S. Lipsitz, M.D.
23b. ADDRESS: St. Louis, Mo. 457 N. Kingshighway
23c. DATE SIGNED: 9/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/7/56
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

DATE REC'D BY LOCAL REG.: SEP 7 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

DR. ELLIS LIPSITZ
457 N. KINGSHIGHWAY
FO7-6528
1:00 P.M. - 6:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 48

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.