

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013783

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 657

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Clair, Mo. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Clair, Mo. 0360 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb -	
		d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Siegrist			4. DATE OF DEATH Month Day Year April 18, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Mins. 2 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		100. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Penn. 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Sameul Siegrist			14. MOTHER'S MAIDEN NAME Mary Ann Ginder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Spanish American		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Annie Jones St. Clair, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years 5-</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<u>years -</u>
	DUE TO (c) <u>General Arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>4-12-58</u> to <u>4-18-58</u> and last saw <u>him</u> alive on <u>4-12-58</u> . Death occurred at <u>8 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>W. E. Kitchell M.D.</u>	22b. ADDRESS <u>St. Clair Mo</u>	22c. DATE SIGNED <u>4-19-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 21, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks National Cem. St. Louis, Mo.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS <u>Sherwood E. Kitchell St. Clair, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 21-58</u>	26. REGISTRAR'S SIGNATURE <u>Lloyd Williams</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0360
300
1-56

511

MAY 29 1958

PERM

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 *Sherwood W. Kitchel*

Licensed Embalmer No. *38*

P. O. Address *St. Clair*

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