

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028467
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 431

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | | | |
|---|--|--|--|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Cape Girardeau | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 423 N. Louisiana | | | Length of stay in 1b 8 yrs. | | d. STREET ADDRESS 423 N. Louisiana | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH FRANCIS SIGMUND D.C. | | | | 4. DATE OF DEATH Month Day Year August 13, 1958 | | | | | |
| 5. SEX Male <input checked="" type="checkbox"/> | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH February 6, 1898 | | 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor D. C. Own office | | | 10b. KIND OF BUSINESS OR INDUSTRY St. Paul, Missouri | | 11. BIRTHPLACE (City and state or country) St. Paul, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | |
| 13a. FATHER'S NAME Joseph Sigmund | | | 13b. MOTHER'S MAIDEN NAME Frances Mc Menemy | | | 14. NAME OF HUSBAND OR WIFE Dorothy B. Sigmund | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. 496-387-982 | | 17. INFORMANT Mrs. Dorothy B. Sigmund Address Cape Gir., 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>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 Death occurred at <u>9:50 a.m. 8/13/58</u> to <u>8/13/58</u> and last saw him alive on <u>8/12/58</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Dagore or title) <u>J. K. Keim, M.D.</u> | | | | 22b. ADDRESS <u>Cape Girardeau, Mo.</u> | | 22c. DATE SIGNED <u>8/18/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Aug. 16, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATOR <u>St. Marys Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Cape Girardeau, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Walters Funeral Home</u> ADDRESS <u>Cape Girardeau, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Aug 15 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Mr. Homer Cooper</u> | | | | |

SEP 2 1958

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 *Virgil H. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.