

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19939

492
1038

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Deaconess Hospital) St. Maplewood Ward.....

File No.....
Registered No. 5564

2. FULL NAME

Marguerite Ruth Siegel
(a) Residence. No. 7312 Myrtle St. 11 Ward. Maplewood
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U.S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ir a Siegel

17. I HEREBY CERTIFY That I attended deceased from May 16, 1929, to May 18, 1929 that I last saw h. alive on May 18, 1929, and that death occurred, on the date stated above, at 7:30 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 - 1898

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Dilatation of Stomach due to anesthetic operation

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 16

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CONTRIBUTORY (SECONDARY)
Acute Nephritis due to Operation for Prolapse of Uterus

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? yes DATE OF May 16, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Vincent F. Townsend, M. D.
, 19 (Address) 3101 9 Section Ave Maplewood Mo

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Herbert H. Maining

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertha J. Burns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison
(STATE OR COUNTRY) Illinois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT J. A. Siegel
(Address) 7312 Myrtle Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL May 21, 1929

15. FILED MAY 20 1929 W. C. Starnes REGISTRAR

20. UNDERTAKER Parker-Lund Co ADDRESS Webster Groves Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Marquerite Ruth Siegel

Who died at: St. Louis, Mo. on May 18, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Acute Dilatation of Stomach due to anesthetic operation

Contributory: Acute Nephritis due to operation for Prolapse of Uterus

Where was disease contracted? not Pregnancy or child birth information given over phone by Dr. W. Down south Div. of N. S.

Did operation precede death? _____ Date of _____ 12-6-29

Was there an autopsy? _____ What test confirmed diagnosis? _____

128

1929
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