

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

Do not use this space.

9443

**1. PLACE OF DEATH**

County Jackson  
Township Kans  
City Kansas City (No. K.C. General Hosp.)

Registration District No. 389  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 1028  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 233 W 14<sup>th</sup> St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	4	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

13. NAME Harry Siegelbaum

14. BIRTHPLACE (CITY OR TOWN) Poland  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Goldie Rogers

16. BIRTHPLACE (CITY OR TOWN) Poland  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Harry Siegelbaum  
(ADDRESS) 233 W 14<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheffield Cem DATE 3-2-33

19. UNDERTAKER J. F. Louis Funeral Home  
(ADDRESS) 3400 Woodland Ave

20. FILED 3/2 1933 M. M. Crowe  
Regist.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to March 2, 1933.  
I last saw him alive on March 2, 1933. Death is said

to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Meningitis  
post-scarlatinal

Other contributory causes of importance: \_\_\_\_\_

Name of operation autopsy laboratory Date of 3/1/33  
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) A. Muller M. D.  
(Address) 717 S. Market Bldg., K.C. Mo.

N. B.—Every item of information shown on this form is important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. 1933

