JAN 10 1938

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

43173
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 11423
(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fanny Siegfried
(a) Residence, No. 5592 Pershing St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Siegfried
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ab 1866
7. AGE YEARS ab 71 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. 2102
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 3

FATHER
13. NAME Israel Zimmerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 3

MOTHER
15. MAIDEN NAME Sarah Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 3

17. INFORMANT S. Rosenberg
(ADDRESS) West Frankfort, Ill
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bnai Amoona DATE 12/12/37 19
19. FUNERAL DIRECTOR H B Berger
(ADDRESS) 4715 McPherson
20. FILED DEC 12 1937 J H Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1937
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to Dec. 10, 1937
I last saw her alive on Dec. 10, 1937. Death is said to have occurred on the date stated above, at 7 45 p.m.
The principal cause of death and related causes of importance were as follows:
Thrombosis, cerebral artery — Date of onset 12/5/37
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Other contributory causes of importance: Hypertension, arteriosclerosis, nephritis, chronic — Years ago
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
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
If so, specify
(Signed) Llewellyn Sale, M. D.
(Address) 4500 Olive St

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Herbert L. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed H L Berger

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)