REG'D MAR 13 1939

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

5176
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 1869

(c) or City ST. LOUIS, MO. (d) Street No. 3955 WINNEBAGO 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 130 SIGMOND DAVID SR.

(a) Residence, No. 3955 WINNEBAGO St. 16
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SOPHIE DAVID

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 25, 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SHOE REPAIR

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

10. Date deceased last worked at this occupation (month and year) FEB. 25, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUNGARY

FATHER

13. NAME JOSEPH DAVID

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUNGARY

MOTHER

15. MAIDEN NAME SOPHIE ARIOUS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUNGARY

17. INFORMANT Mrs Sophie David
(ADDRESS) 3955 Winnebago St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MO. CREMATORY DATE 2/28/39, 19

19. FUNERAL DIRECTOR (NAME) OSCAR J. HOFFMEISTER
(ADDRESS) 4016 CHIPPEWA ST.

20. FILED FEB 27 1939 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939 to Feb 25, 1939

I last saw him alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

	Date of onset
Coronary Occlusion	—
Other contributory causes of importance:	
Hypertension	?

Name of operation none Date of

What test confirmed diagnosis? Physical Findings 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? .....

If so, specify .....

(Signed) Ray J. Schuster, M. D.

(Address) 4022 S. Grand Blvd

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.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Edwin H. Leibinger

Licensed Embalmer No.....4049

P. O. Address.....4016 Chippewa

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

If this body is not embalmed, above space should be left blank.