

APR 12 1939

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

8594
Do not use this space.

2359

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....
(b) Township..... 1 Primary Registration District No..... Registered No.....
(c) or City..... St. Louis..... (d) Street No. Jewish Orthodox Old Folks Home..... 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 4 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 4 8/12 mos. ds.

2. PRINT FULL NAME Peter Siegel

(a) Residence, No. 1438 East Grand St. 9 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ab 84

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sexton 9. Industry or business in which work was done, as saw mill, bank, etc. retired 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) Wilno Poland

FATHER 13. NAME Nehemiah Siegel 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER 15. MAIDEN NAME Sarah Tauba 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Joseph Siegel (ADDRESS) 7706 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 3/13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Berger 4715 McPherson

20. FILED MAR 13 1939 J. B. Prudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937, to March 12 1939

I last saw him alive on March 12 1939. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Date of onset 3/12/39

Other contributory causes of importance:
Coronary Disease
Arteriosclerotic Heart Disease

Name of operation none Date of operation
What test confirmed diagnosis? Clin. 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
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) Joe M. Orenstein, M. D.
(Address) 5300^a Eastern Ave

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.

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.....

Herbert I. Berger....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1597.....

P. O. Address.....

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