DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41435

Registration District No. 791

Primary Registration District No.

Registrar's No. 10558

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1804 S. COMPTON AV.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1804 S. COMPTON AV.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROSA SIGEL 240

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife ALBERT SIGEL

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 30 (Day) 1844 (Year)

8. AGE: Years 95 Months 6 Days 8 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name WOLDENMAR FISCHER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name AMELIA REIL
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature Lena Sigel

(b) Address 1804 S. Compton av.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 12 (Month) 11 (Day) 39 (Year)

(c) Place: burial or cremation MISSOURI CREMATION

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette av.

19. (a) DEC 11 1939 (Date received local registrar) (b) J. B. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1939 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 4, 1939, to Dec 8, 1939; that I last saw her alive on Dec 8, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 day
Due to La Grippe	
Due to Non type Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. Herman (M. D. or other)

Address 2924 S. Grand Av. Date signed 12/9/39

(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.

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 Jos. B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.)

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