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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 618

FEB 25 1941

Registration District No. 1001 | Primary Registration District No. 1003 | Registrar's No. 618

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2638 RUTGER ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 2217
(d) Street No. 2638 RUTGER ST. (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME BARBARA SIEGMUND
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife BRUNO SIEGMUND
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 19 (Day) 1862 (Year)

8. AGE: Years 78 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace MO. (City, town, or county) O (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business

MOTHER FATHER
12. Name FRED GEISLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name AMELIA
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Millie Siegmund
(b) Address 2638 Rutger St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 22-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CONCORDIA CEMETERY
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette av.
19. (a) JAN 20 1941 (Date received local registrar) (b) J. F. Riedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 19 year 1941 hour 7 minute 37 P.M.
21. I hereby certify that I attended the deceased from NOV 16, 1940 to January 19, 1941, that I last saw her alive on January 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Stomach — 1 year?
Due to
Due to
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature H. Louis Schnechat (M. D. or other)
Address 2200 Chouteau ave Date signed 1-20-41

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette C

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

If this body is not embalmed, fact should be so stated above.