No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 916

Registration District No. 491 Primary Registration District No. 1003 Registrar's No. 916

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: 4858 SanFrancisco Ave.
(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 Mo. (b) County 000
(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")
(d) Street No. 4858 San Francisco 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME Harry C. Sieghold
3. (b) If veteran, name war
3. (c) Social Security No. 488-03-8448
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nora K. Sieghold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 24 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
54	5	3	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Superintendant
11. Industry or business Warner Jenkins Mfg. Co.
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Harry Weber
(b) Address 4858 SanFrancisco Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 28 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1941 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 27 1941, 19..., to Jan 27, 1941; that I last saw him alive on Jan 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other) M.D.
Address 4120 Olive Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

4126 Shrew
1 30 to 3 30 PM

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

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