

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

Do not use this space.

26034

FILLED AUG 15 1941

1. PLACE OF DEATH

County ST. CHARLES
Township DARKEWNE
City O'Fallon (No. 1)

Registration District No. 760 B
Primary Registration District No. 6001

File No. _____
Registered No. 145 St. _____ Ward 0

2. FULL NAME

JOSEPH F. SIGMUND

(a) Residence, No. O'FALLON St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 FRANCES SIGMUND

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 24 1867

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>79</u> | <u>4</u> | <u>29</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BANKER

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) ST. PAUL MO

13. NAME Wm Sigmund

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

15. MAIDEN NAME Albens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Elmer Gentemann
O'Fallon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE O'Fallon Mo DATE July 26 1941

19. UNDERTAKER (ADDRESS) E. A. KEITHLEY
O'Fallon Mo.

20. FILED July 31 1941 E. A. Keithley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1941

22. I HEREBY CERTIFY, That I attended deceased from July 15 1941 to July 23 1941. I last saw him alive on July 23 1941. Death is said to have occurred on the date stated above, at 7 P. m.

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

Myocarditis
Atherosclerosis
Hypertension

Date of onset
79 35
1935
1935

Other contributory causes of importance: psoriasis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) Nicholas J. Houch M. D.
O'Fallon, Mo.
(Address) _____

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

