

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

200622 34899

State File No. ....

FILED NOV 6 1942

Registration District No. 727

Primary Registration District No. 115

Registrar's No. 2117

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
6262 Northdrive  
(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:

(a) State Missouri (b) County.....

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6262 Northdrive  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Sam Sigoloff

3. (b) If veteran, name war Navy 1906-1910

3. (c) Social Security No. 489-05-9428

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10  
year 1942 hour 7:45 minute P M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ethel Sigoloff

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

7. Birth date of deceased June 3, 1987  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>7</u>	hr. .... min.

Immediate cause of death Hung self with a leather belt in closet in his own home.

Due to Strangulation.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1640

10. Usual occupation Mover, Furniture

11. Industry or business retail furniture

Major findings:  
Of operations.....

Of autopsy No.

Underline the cause to which death should be charged statistically.

12. Name Isaiah Sigoloff

13. Birthplace Kiev U.S.S.R. 6  
(City, town, or county) (State or foreign country)

14. Maiden name Ida UNKN

15. Birthplace Kiev U.S.S.R. 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Weisman

(b) Address 5421 Wabada

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

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

(b) Date of occurrence Oct. 10, 1942

(c) Where did injury occur? University City, Mo.  
(City or town) (County) (State)

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

While at work?..... (e) Means of injury.....

17. (a) burial (b) Date thereof 10/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) OCT 12 1942 (b) C. G. McPherson  
(Date received local registrar) (Registrar's signature)

23. Signature Louis W. B. ...  
Address Kirkwood, Mo. 10/12/42 State signed.....

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

M.C.S.

96  
3  
5

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... *H. J. Bejn* #1597

Licensed Embalmer No. *4715 McCalister*

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, fact should be so stated above.**