V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35912

FILED DEC 7 1942

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9935

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis '46 NR 3 5

(c) City or town ~~St. Louis Mo.~~ University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7625 Canton
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... /

3. (a) PRINT FULL NAME Ronald Alvin Sigler (This is twin # 2)

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Nov. 18 - 1942 (Month) (Day) (Year)

8. AGE: Years | Months | Days 10 | If less than one day ..... hr. ..... min.

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

10. Usual occupation nil

11. Industry or business .....

FATHER
12. Name Ben Sigler
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Jewel L. Brayfield
15. Birthplace Herrin (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mo. Baptist Hospital
(b) Address 919 N. Taylor

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) NOV 29 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1942 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from November 18, 1942, to Nov 28, 1942 that I last saw him alive on Nov 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Congenital Edema

Due to Congenital Metabolic Distrophy

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration: 9 Days

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 C. S. Neuzel (M. D. ~~or other~~) M.D.

Address 462 No Taylor Date signed 11-28-42

(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~~ not by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1597

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.