

FILED MAR 25 1943

State File No.

2590

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 54 yrs
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5742 DeGiverville
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 54 years

3. (a) PRINT FULL NAME Jacob Sigoloff

3. (b) If veteran, name war..... No (c) Social Security No. 498-10-0573

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Sarah Friedman Sigoloff 6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased July 3, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 14 hr. min.

9. Birthplace Kiev Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Treasurer

11. Industry or business Auto Accessory Co.

12. Name Ely Sigoloff

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Ida Feribner
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Max Sigoloff

(b) Address 6314 San Bonita

17. (a) burial (b) Date thereof 3/18/43
(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

19. (a) MAR 18 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1943 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar 15 1943, to Mar 17 1943
that I last saw h. im alive on March 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Retention of prostate for benign hypertrophy - shock

Due to 187

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy of prostate

Of autopsy

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 Arthur E. Strass (M. D. or other) MD
Address 539 N. Grand Date signed 3/17/43

Duration

9 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....



.....
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.