No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3580

Registrar's No. 138

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months (Specify whether years, months or days)
In this community: 2 months St. Louis 43 years

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.: 4112 Schiller Place
(If rural, give location)
(e) Citizen of foreign country? Yes No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SIEGEL, John
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 492 05 8262
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Emma Hengest
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: August (Month) 5 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	5	9	hr. min.

9. Birthplace: Hungary (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Griesedieck Brewing Co.
FATHER
12. Name: Peter Siegel
13. Birthplace: Hungary (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Threaesa Drier
15. Birthplace: H ungary (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: Jefferson Barracks, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla
18. (a) Signature of funeral director: Heidemueller Fu. Home
(b) Address: 6203 Gravois, St. Louis, Mo.
19. (a) 1-17-48 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14 year 1948 hour 3:05 minute P.M.
21. I hereby certify that I attended the deceased from November 14, 1947, to January 14, 1948, that I last saw him alive on January 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: HEMOCHROMATOSIS	Duration
Contributary cause:	
(1) CARDIAC HYPERTROPHY & DILATATION	
(2) PULMONARY EDEMA	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Autopsy performed (See cause of death)

PHYSICIAN — Underline the cause of 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? Means of injury:
23. Signature: L. E. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed: 1/15/48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

MAR 1 1948

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.....Glenn R. Cadwell.....

Licensed Embalmer No.....4077.....

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.