

FILED SEP 5 1950

STANDARD CERTIFICATE OF DEATH

28673

State File No. 7360
Registrar's No.

BIRTH NO. 29668. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo. township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 23 1897 S. 14th ST.	

3. NAME OF DECEASED (Type or Print) a. (First) PETER. b. (Middle) c. (Last) SIGG.			4. DATE OF DEATH (Month) (Day) (Year) AUGUST. 27. 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 27 1869		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS	

13a. FATHER'S NAME ANTHONY SIGG		13b. MOTHER'S MAIDEN NAME ELIZABETH MERK		14. NAME OF HUSBAND OR WIFE Helen SIGG (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELMER SIGG 4732 GERTRUDE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Cerebral Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	

22. I hereby certify that I attended the deceased from 8/24/50, 19 to 8/27/50, 19, that I last saw the deceased alive on 8/27/50, 19, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23a. SIGNATURE F.J. Catanzaro M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 30 1950		24c. NAME OF CEMETERY OR CREMATORY S-S. PETER + PAUL CEM.	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.	

DATE REC'D BY LOCAL REG. AUG 29 1950		REGISTRAR'S SIGNATURE J. B. Proctor		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James E. Bell

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Glenn*

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.