

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 - 1951

State File No. **21442**  
5339  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>21442</b>		5339		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis City</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		<b>437 1/2</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>7339 Teasdale</b>							
3. NAME OF DECEASED a. (First) <b>Arthur</b>			b. (Middle) _____			c. (Last) <b>Siegel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 28, 1879</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Adv. Outdoor</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Abraham Siegel</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Rice</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth B. Siegel</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish Amer.</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mr Jacob Lashly</b> ADDRESS <b>7339 Teasdale</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Communicable Deterioration Subtrochanteric Fracture Hip Right</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stopping the underlying cause last. <b>451</b>  DUE TO (c) <b>279/44</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardio - Renal Disease</b> <b>Supp. infection</b>							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Credit</b>		21b. PLACE OF INJURY (e.g., in or about home, job, factory, street, other) <b>St. Louis</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Missouri</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 30 1951 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Stepped on Soda bottle - E 9034</b>							
22. I hereby certify that I attended the deceased from <b>5-30</b> , 1951, to <b>6-11</b> , 1951, that I last saw the deceased alive on <b>6-11</b> , 1951, and that death occurred at <b>7 PM.</b> , from the causes and on the date stated above. <b>44</b>											
23a. SIGNATURE <b>J. B. Foster</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>845 Missouri Theatre Bldg</b>				23c. DATE SIGNED <b>6/11/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 12, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 11 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons</b> ADDRESS <b>6175 Delmar</b>					

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

*Dr. Dick  
Mo Theatre Building*

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Joe E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6170 Pelma*

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.