

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25294**
6947

FILED AUG 15 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100**

Registrar's No. _____

| | | | |
|--|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri.) | | c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | |
| c. LENGTH OF STAY (In days) 21 1/2 Days | | d. STREET ADDRESS (If rural, give location) 1804 S. Compton Av. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmary Hospital | | | |
| 3. NAME OF DECEASED (Type or Print), a. (First) Anna | | b. (Middle) | |
| c. (Last) Sigel | | 4. DATE OF DEATH (Month) (Day) (Year) August 2, 1951. | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH SEPT-13-1867 |
| 9. AGE (In years last birthday) 83 YRS. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS | |
| 11. BIRTHPLACE (State or foreign country) St. Louis Mo | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME ALBERT SIGEL | | 13b. MOTHER'S MAIDEN NAME ROSA FISCHER | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Emma Sigel | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Aug. 2, 1951, that I last saw the deceased alive on Aug. 2, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above. | | 22. HOW DID INJURY OCCUR? 334X | |
| 23a. SIGNATURE George M. Janke M.D. | | 23b. ADDRESS 5600 Arsenal Street. | |
| 23c. DATE SIGNED 8/2/51. | | 24. LOCATION (City, town, or county) (State) St. Louis Mo | |
| 24a. DATE REC'D BY LOCAL REG. AUG 3 1951 | | 24b. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY | |
| 24c. REGISTERAR'S SIGNATURE J. B. Pasota | | 24d. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur | |
| 24e. ADDRESS 3125 Lafayette Av. | | 24f. ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

ost. evm.

STATEMENT BY LICENSED EMBALMER

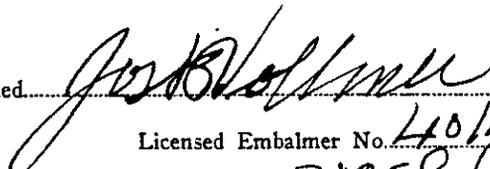
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 44014

P. O. Address 3125 Lafayette Ave

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.