

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35395

State File No.

FILED OCT 27 1953

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0920</u> OR TOWN <u>O'Fallon</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Home of Aged</u> HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>---</u> c. (Last) <u>Sigmund</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 1 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (State or foreign country) <u>St. Paul Mo. (St. Charles Co.)</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Michael McMenamy</u>	13b. MOTHER'S MAIDEN NAME <u>Bowles</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Sigmund deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elmer Gentemann-O'Fallon, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>diabetes</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 7, 1952 to Oct 19, 1953, that I last saw the deceased alive on Oct 17, 1953, and that death occurred at 4-1514 from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. O'Connell M.D.</u>	23b. ADDRESS <u>Jeff. City - Mo.</u>	23c. DATE SIGNED <u>10-20-53</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption</u>	24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 21-1953</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MS-MR</u>	EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>E. K. Kelly O'Fallon Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side) (J.W. Dulle)

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

1958
JUL 8 1958

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.....

Lybster Dulle
Licensed Embalmer No. 4321

P. O. Address.....
Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.