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FILED MAY 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14106**  
**3734**

BIRTH NO. **33660-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City - 24<sup>no</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>8606 Rowland Drive</b> <b>4006</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b> b. (Middle) <b>Boy</b> c. (Last) <b>SIEGEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-24-54</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	
8. DATE OF BIRTH <b>4-22-54</b>		9. AGE (In years last birthday) <b>2</b> if under 1 year <b>3</b> if under 1 hrs. <b>46</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
13a. FATHER'S NAME <b>EARL SIEGEL</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Rae Sosnoff</b>		14. NAME OF HUSBAND OR WIFE	

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.		17. INFORMANT'S SIGNATURE OR NAME <b>EARL SIEGEL, 8608 Rowland Dr. - U. City</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anomaly of heart &amp; great vessels.</b>			INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>partial situs inversus.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>754.4</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-22, 1954**, to **4-24, 1954**, that I last saw the deceased alive on **4-24, 1954**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wenauwe Kuttner MD</b>		23b. ADDRESS <b>8515 Delmar (24)</b>		23c. DATE SIGNED <b>4/24/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/27/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HERMAN RINDSKOPF INC, 5216 Delmar</b>			

DATE REC'D BY LOCAL REG. **APR 26 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith MD**

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Stetter*

Licensed Embalmer No. 3880

P. O. Address St. Louis Mo

**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.