FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23336

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Paul
d. STREET ADDRESS (If rural, give location): St. Paul Missouri

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3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Joseph
c. (Last): Sigmund

4. DATE OF DEATH (Month) (Day) (Year): July 11 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 11 1865
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 11, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant & Banker
10b. KIND OF BUSINESS OR INDUSTRY: Merchant & Banker
11. BIRTHPLACE (City and State or Foreign Country): St. Paul Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Sigmund
13b. MOTHER'S MAIDEN NAME: Elisabeth Arenz
14. NAME OF HUSBAND OR WIFE: Letticia Sigmund

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Isabelle Ungering OFallon
ADDRESS: R.R. Mo

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)	Uremia	4 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Nephritis	?
DUE TO (c)	Arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senility	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 446 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1955, *to* July 11, 1955 *that I last saw the deceased alive on* July 11, 1955, *and that death occurred at* 9 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Jenkins M.D.
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: July 13 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1955
24c. NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
24d. LOCATION (City, town, or county) (State): St. Paul Missouri

DATE REC'D BY LOCAL REG.: July 13 1955
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-0
25. FUNERAL DIRECTOR'S SIGNATURE: Carlton J. Pitman
ADDRESS: Wentzville Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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

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