

BIRTH NO. 1120 NOV 28 1955 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy - Rural</u>		c. CITY OR TOWN <u>O'Fallon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0-9071</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u> b. (Middle) <u>Aloysius</u> c. (Last) <u>Sigmund</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 26, 1928</u>
9. AGE (In years last birthday) <u>27</u>	F UNDER 1 YEAR Months	F UNDER 6 HRS. Days	F UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country)	
13a. FATHER'S NAME <u>Aloysius Sigmund</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Wortman</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lydia Sigmund, O'Fallon, R. R. 2</u>	
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, asthma, 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>CEREBRAL CONCUSSION SEVERE WITH GENERAL BODY TRAUMA</u>		<u>10 HRS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AUTOMOBILE ACCIDENT</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>8194</u> <u>31</u>	
19a. DATE OF OPERATION <u>11-20-1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>FRACT. CPD L. TIBIA, FRACT. CERVICAL SPINE, FRACT. MAXILLA, MULT. LAC. FACE, JAW, EAR, SKULL</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>WINDFORD MO (CAR)</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>057</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 20 55 1955</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>THROWN FROM CAR WHEN IT HIT BRIDGE</u>	
22. I hereby certify that I attended the deceased from <u>11-20, 1955</u> , to <u>11/22, 1955</u> , that I last saw the deceased alive on <u>11-20, 1955</u> , and that death occurred at <u>9:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Doris P. Heltzel MD</u>		23b. ADDRESS <u>320 + WOOD ST, TROY, MO</u>	23c. DATE SIGNED <u>11-20</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Paul, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 21 1955</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pauline J. Pitman Wentzville, Mo.</u>	

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

MAY 23 1956

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.....
Signature of Student Embalmer

Signed *Salter J. Pitman*

Licensed Embalmer No. *497*

P. O. Address *Wentzville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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