

No. 300
10-48

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3138

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 88

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City.</u> | | c. CITY OR TOWN <u>University City,</u> | |
| c. LENGTH OF STAY (in this place) <u>1 1/2 yrs.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#1119 Burch Avenue,</u> | | e. STREET ADDRESS (If rural, give location) <u>#1119 Burch Avenue,</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LOUIS</u> | b. (Middle) | c. (Last) <u>SIEGEL.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan'y 11, 1956.</u> |
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| 5. SEX <u>Male.</u> | 6. COLOR OR RACE <u>White.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u> | 8. DATE OF BIRTH <u>May 27, 1890</u> | 9. AGE (In years last birthday) <u>65</u> | if UNDER 1 YEAR Months <u>7</u> Days <u>13</u> | if UNDER 4 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner; Leather</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Specialty Co,</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Sam Seigel.</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown.</u> | 14. NAME OF HUSBAND OR WIFE <u>Grace Seigel.</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>322-07-4761</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Seigel.</u> | ADDRESS. <u>1119 Burch Ave; U. City,</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pancreas</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>11/11/55</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Popliteal Thrombosis</u> | | <u>11/15/55</u> |
| | DUE TO (c) <u>Guillain Barre Syndrome</u> | | <u>11/11/55</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>157X</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) m. | 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 11/11, 1955, to 12/11, 1956, that I last saw the deceased alive on 11/18, 1956, and that death occurred at 12:47 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Walter L. Moore M.D.</u> | 23b. ADDRESS <u>6376 Clayton Rd</u> | 23c. DATE SIGNED <u>1/11/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>1-13-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-12-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donaherd</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R? Lupton & Sons,</u> | ADDRESS <u>7233 Delmar Blv'd.,</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#6376 Clayton Road,
St: 1-8006.
Just east of St. Marys Hosp.

OCT 26 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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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.