URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-013217

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3455

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | Length of stay in 1b

c. CITY OR TOWN AFFTON | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSP. | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 7927 ELTON | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First OTTO Middle Last SIGERIST

4. DATE OF DEATH Month MARCH Day 25 Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH NOV 20, 1881

9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMEN

10b. KIND OF BUSINESS OR INDUSTRY WHOLE SALE DRUGS

11. BIRTHPLACE (City and state or country) NEW YORK

12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME SIGERIST

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE GENE SIGERIST (DEC'D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 490-38-7895

17. INFORMANT GERALD SIGERIST Address 7927 ELTON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chr. Cardio-Vas. Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Acute failure).

DUE TO (c) Nurses Collection

INTERVAL BETWEEN ONSET AND DEATH 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Male

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Male

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-23-60 to 3-25-60 and last saw her him alive on 3-25-60

Death occurred at 4:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. C. [signature] M.D.

22b. ADDRESS 4523 S. Kingsley

22c. DATE SIGNED 3/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE MAR 28 1960

23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS

23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois

25. DATE RECD. BY LOCAL REG. MAR 28 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.