

**FILED** JAN 12 1946  
318

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community life  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6031 North Pointe  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** BERNICE SIGMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / race W 5. Color or race W

6. (a) Single, widowed, married, divorced M / 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 30 1917  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>28</u>	<u>8</u>	<u>1</u>		

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Martin Martens

13. Birthplace Okawville Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Schlake

15. Birthplace Okawville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Sigman, Husband  
(b) Address 6031 North Pointe

17. (a) Burial (b) Date thereof Jan 3 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden F H Inc  
(b) Address 1936 St Louis Avenue

19. (a) JAN 2 1946 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 31  
year 1945 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from July 2 1945 to Dec 31 1945  
that I last saw her alive on Dec 31 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus meningitis Duration \_\_\_\_\_

Due to Otitis media left

Due to \_\_\_\_\_

Other conditions Lateral sinus thrombosis  
(Infective pregnancy within 3 months of death)

Major findings: Pregnancy - 7 mos gestation PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Death occurred before Caesarean operation same as above  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature Henry G. Westerman M. D. or other \_\_\_\_\_  
Address 2136 E Grand Blvd St Louis 2-46

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....  
*Edw. J. Hay*

Licensed Embalmer No..... *3737*

P. O. Address..... *1936 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.**