

REC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10167

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township _____ Primary Registration District No. 1001 Registered No. 305
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 43 yrs. 10 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elsie Louise Sidekum 325

(a) Residence, No. 1323 Main St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence F. Sidekum		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1894		
7. AGE YEARS 43	MONTHS 10	DAYS 14
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife		
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home		
10. Date deceased last worked at this occupation (month and year) Febr. 1938		
11. Total time (years) spent in this occupation ?		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri		
13. NAME Frank Chenoweth		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri		
15. MAIDEN NAME Lucy Miller		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri		
17. INFORMANT (ADDRESS) Clarence F. Sidekum 1323 Main Str. St. Joseph, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cent. St. Joseph, Mo. DATE March 14, 1938		
19. FUNERAL DIRECTOR (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.		
20. FILED 3/14 1938 H. Northrup Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 12**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from

Feb 4, 1938, to Mar 12, 1938I last saw h. er alive on 19..... Death is saidto have occurred on the date stated above, at **8:40 AM**

The principal cause of death and related causes of importance were as follows:

Sinus thrombosis Date of onset Mar 8-38

Other contributory causes of importance:

acute mediaName of operation Chloroform Date ofWhat test confirmed diagnosis? Chloroform Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Ziman, M. D.(Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, **Robert P. Clarkson** Licensed Embalmer No. **4028**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by **My-self**

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Robert P. Clarkson

Licensed Embalmer No. **4028**

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.)