

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

Rev. 5-17-39
I 10851

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.

Registration District No. 791 Primary Registration District No. 1008 Registrar's No. 9091

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Premature 5 M
 In this community 5 minutes
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1445 Cockrill
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. X years.

3. (a) PRINT FULL NAME Sidebottom, Baby 313
 3. (b) If veteran, name war X
 3. (c) Social Security No. X
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced X
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased October 11, 1939
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 11, year 1939 hour 10:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from October 11, 1939 to October 11, 1939 and that death occurred on the date and hour stated above.
 Immediate cause of death Prematurity Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day
Premature ----- hr. 5 min.
 9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation X
 11. Industry or business X
 MOTHER FATHER { 12. Name Lee Sidebottom
 13. Birthplace ??
 (City, town, or county) (State or foreign country)
 14. Maiden name May Dockwadding
 15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Ann Marriss
 (b) Address City Hospital, #1
 17. (a) Cremation (b) Date thereof 10-26-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery
 18. (a) Signature of funeral director David Van Arman
 (b) Address City Hosp #1
 19. (a) Oct 25 1939 (b) J. F. Budek
 (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (g) 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? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature John F. Flynn (M. D. or other) _____
 Address 1515 Lafayette Date signed 10/20/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.