

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26908

State File No.

Registrar's No.

6804

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 1/2 hours**
(Specify whether In this community years, months or days)
62 yrs. 8. mo. 15 das

8. (a) PRINT FULL NAME **Clarence Sidman 355**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Millie Sidman** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Nov. 23, 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	8	15	hr. _____ min.

9. Birthplace **Nelsonville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **R. R. Clerk retired**

11. Industry or business **5 years**

MOTHER FATHER { 12. Name **Hiram D. Sidman**

18. Birthplace **New York City N. Y.**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Adeline O'Dowd**

15. Birthplace **New York City N. Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Millie Sidman**

(b) Address **2221 Dodier St**

17. (a) **Burial** (b) Date thereof **Aug. 12, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Woodhart Woodhart**

(b) Address **2228 St. Louis Ave**

19. (a) **AUG 11 1940** (b) **J. P. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **20**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2321 Dodier St**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **8** - 1940
 year _____ hour **6:30** minute **P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **23**

Of autopsy _____

Duration

PHYSICIAN

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? _____ (Specify type of place) (Means of injury)

23. Signature **W. J. Perry** (M. D. or other) _____

Address **St. Louis, Mo.** Date signed **8/11/40**

WHILE I LIVE I WILL USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Do not write

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 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.....

Charles Goodhart

Licensed Embalmer No.....

2777

P. O. Address.....

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, above space should be left blank.