DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37214

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9487

FILED DEC 11 1940

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:
Enroute to Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community about 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2820 Clark Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roberta Tate Sidney

3. (b) If veteran, name war ------- 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Sidney 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 5th, 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Raimer (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Manager,

11. Industry or business Laundry

FATHER
12. Name Calvin Tate
13. Birthplace Unavailable (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Molly Anderson
15. Birthplace Unavailable (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature Callie Wike
(b) Address 1804 N. Taylor Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Tennessee

18. (a) Signature of funeral director [signature]
(b) Address 4107 Finney Ave.

19. (a) DEC 16 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th.
year 1940 hour minute 4. P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Lysol Poisonging; self administered at her home 2820 Clark Avenue, on
Due to November 16th, 1940, exact time unknown.
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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov. 16th, 1940
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1300 Clark Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.