V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13069

Registrar's No. 4133

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: St. Marys ~~Hosp~~ Infirmary
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1321 N. Vandervender
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cassie Sides

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 married

6. (b) Name of husband or wife Charles Sides

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Apr. (Month) 17, (Day) 1893 (Year)

8. AGE: Years 49 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Peyton Gudes
13. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Hattie Trailer
15. Birthplace Unk. (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Lillian Williams
(b) Address 1321 N. Vandervender

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, PK.

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas, ave

19. (a) MAY 1 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 5 day 6 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 8, 1942, to May 6, 1942, that I last saw her alive on May 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to Primary

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Ant

Of autopsy Fibroid Uterus

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 828 N Jefferson Date signed 5/8/42

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, ave

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.