

S. No. 2
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7-5-17-39
PI X29484

Sedeboles
35144
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED OCT 31 1944

Registration District No. 2

Primary Registration District No. 4459

Registrar's No.

1. PLACE OF DEATH

(a) County *St. Charles*

(b) City or town *Wentzville*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) *1*

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community *Life*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* County *St. Charles*

(b) City or town *Wentzville*
(If outside city or town limits, write "RURAL")

(c) Street No. _____ (If rural, give location)

(d) Citizen of foreign country? *No.* (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *ELIZA HANE Sidebottom*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *Female* 5. Color of hair *White* 6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *Samuel Sidebottom* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Oct 23 1866*
(Month) (Day) (Year)

AGE:	Years			If less than one day
	Years	Months	Days	
<i>78</i>	<i>0</i>	<i>14</i>		hr. _____ min.

9. Birthplace *Weldon Spring Mo.*
(City, town, or village) (State or foreign country)

10. Usual occupation *Homemaker*

11. Industry or business _____

12. Name *John Anslan*

13. Birthplace *Mo.*
(City, town, or county) (State or foreign country)

14. Maiden name *not known*

15. Birthplace *Mo.*
(City, town, or county) (State or foreign country)

16. (a) Informant *Samuel Sidebottom*

(b) Address *Wentzville Mo.*

17. (a) *Burial* (b) Date thereof *Oct 19-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Wentzville Mo.*

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

(b) Address *Wentzville*

19. (a) *10/25/44* (b) *Bertudo S. Forstner*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *October* day *17*
year *1944* hour *8:30* minute *17* A. M.

21. I hereby certify that I attended the deceased from *now* 19*44* to *Oct 19 44*
that I last saw her alive on *10/16* 19*44*
and that death occurred on the date and hour stated above.

Immediate cause of death *Myocardial degeneration*

Due to _____

Due to *93d*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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) (e) Means of injury _____

23. Signature *H. C. Mc Murray* M.D. or other _____
Address *Wentzville, Mo.* Date signed *10/25/44*

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9

District File Number _____

Date Filed 10-30-44

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 P. C. Petrucci

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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, fact should be so stated above.