

FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

6955

State File No. _____

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **1388**

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:
The City Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **August 29, 1945**
to February 9, 1947. (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5800 Arsenal Street**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **9,**
 year **1947** hour **8:** minute **05 A.M.**
 21. I hereby certify that I attended the deceased from **August 29, 1945**
 to **February 9, 1947,**
 that I last saw her alive on **February 9, 1947,**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Cardiovascular disease
 Due to _____
 Due to _____
 Other conditions **Senility**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (e) Means of injury _____
 23. Signature **John E. Helms** (M. D. or other) **W. D.**
 Address **5800 Arsenal Street** Date signed **2/9/47**

3. (a) PRINT FULL NAME **Sides, Emma**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow 2**
 6. (b) Name of husband or wife **Silas Sides** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **11** **18** **1862**
(Month) (Day) (Year)

8. AGE: Years Months Days **21** If less than one day
84 **2** **22** hr. min.

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

10. Usual occupation **Nil**

MOTHER FATHER {
 11. Industry or business _____
 12. Name **John Kelley**
 13. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)
 14. Maiden name **Jane Trickey**
 15. Birthplace **Jackson, Missouri.** (City, town, or county) (State or foreign country)

16. (a) Informant **The City Infirmary Records**
 (b) Address **5800 Arsenal Street**

17. (a) **BURIAL** (b) Date thereof **2-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **JACKSON, Mo.**

18. (a) Signature of funeral director **Archie W. Hoppel**
 (b) Address **4700 Washington Blvd.**

19. (c) **FEB 10 1947** **J. Z. Braddock**
(Date received local registrar) (Registrar's signature)

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

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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..... *Elma R. Caldwell*

Licensed Embalmer No..... *4077*

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, fact should be so stated above.