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5-17-39  
X47079

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13913**  
Registration District No. **160** Primary Registration District No. **3280** Registrar's No. **215**

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

1. PLACE OF DEATH:  
(a) County **Jefferson**  
(b) City or town **Festus, Mo.**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **60 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Festus**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Caroline E. Sides**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **4** year **1947** hour **5** minute **45 P.**  
21. I hereby certify that I attended the deceased from **April 4** 19**47** to **April 4** 19**47**  
that I last saw her alive on **April 4** 19**47** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Colored**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 20, 1854**  
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic heart disease**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **ASD**

8. AGE: Years Months Days If less than one day  
**92** **6** **14** hr. min.

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

10. Usual occupation **Homemaker**

11. Industry or business **Own home**

12. Name **Thompson O**  
13. Birthplace **St. Genevieve, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth James**  
15. Birthplace **Maryland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bernard Benjamin**  
(b) Address **Festus, Mo.**

17. (a) **Burial** (b) Date thereof **April 8, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crystal City, Mo.**

18. (a) Signature of funeral director **Crystal City, Mo.**  
(b) Address **Crystal City, Mo.**

19. (a) **April 16, 1947** (b) **Clara Beckwith**  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(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 **Bertel Belgium** (M. D. or other) **Bertel Belgium**  
Address **Festus, Mo.** Date signed **4/7/47**

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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.....

*Geoffrey R. Jallett*  
.....  
Licensed Embalmer No. *3481*

P. O. Address.....

*Crystal City*

**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.**