No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33016

Registrar's No. 8390

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4238 East Aldine (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Wright Sides
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Feml
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Sides
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February (Month) 12 (Day) 1889 (Year)
8. AGE: Years 58 Months 6 Days 17 If less than one day hr. min.
9. Birthplace Valley Mines (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Simon Johnson
13. Birthplace Ironton (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sarah McGuire
15. Birthplace Valley Mines (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Maggie Johnson
(b) Address Bonne Terre, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August 29 day 29 year 1947 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from Aug. 14, 1947 to August 29, 1947 that I last saw her alive on August 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Cervix	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of 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 John B. Clayton (M. D. or other)
Address 2601 N Whittier Date signed 8/29/47

Jefferson City Printing Co.
(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.....

Licensed Embalmer No.....

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.