

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Franklin
Towship Laloun
City St. Louis (No.)

Registration District No. 280
Primary Registration District No. 154-8

File No. 26924
Registered No. 38
St. Ward

2. FULL NAME

Ed Junior Sifis

(a) Residence. No. St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 28

7. AGE YEARS MONTHS DAYS If LESS than 1 day 28 hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nanp 9 1/2 hrs
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Earles Sifis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eula Gada Bellis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo
(STATE OR COUNTRY)

14. INFORMANT T E Bellis
(Address) Breeda mo

15. FILED 8-1-28 T E Bellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 19 28

17. I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928, that I last saw h. alive on , 1928, and that death occurred, on the date stated above, at 8:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,
DID AN OPERATION PRECEDE DEATH, DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. H. Bellis, M. D.
, 19 28 (Address)

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IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH, DATE OF

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WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Bellis, M. D.

, 19 28 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 7-8 19 28

20. UNDERTAKER ADDRESS Breeda mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

