WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1931

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

Do not use this space.

15489

1. PLACE OF DEATH
County St Louis — Registration District No. 786 — File No.
Township Central — Primary Registration District No. 4469 — Registered No. 42
City Maplewood (No. ..... St. ..... Ward)

2. FULL NAME Dallas B Sidwell
(a) Residence. No. 7280 Sarah St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Store Room Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 253
(c) Name of employer Scullin Steel Co

9. BIRTHPLACE (CITY OR TOWN) Brown Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Benj Sidwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. C. Voohers
(Address) 7280 Sarah St

15. FILED 4/30, 1931 Mercedes Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to April 28, 1931 that I last saw him alive on April 28, 1931, and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Oesophagus
46A
75B
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) acute Dilatation of Heart (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF (9)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Non exp exam
(Signed) H L [illegible], M. D.
APR 30, 1931 (Address) 2816 Sutton

*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 Calvary Cem — DATE OF BURIAL May 1 1931

20. UNDERTAKER Croghan Und Co. — ADDRESS 7146 Manchester