

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

39684
Do not use this space.

1. PLACE OF DEATH
DEC 13 1937

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008 Registered No. 10671
(c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alex Whitesides
(a) Residence, No. St. NR Sikeston Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) August 1937
11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME E. B. F. Gresham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pope County, Illinois

15. MAIDEN NAME Delilah Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pope County, Illinois

17. INFORMANT Oscar Whitesides (ADDRESS) Sikeston, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE November 21, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc., (ADDRESS) Sikeston, Mo. 429 N. Euclid Avenue.

20. FILED NOV 17 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 10 - 29 - 1937 to 11 - 18 - 1937. I last saw her alive on 11 - 18 - 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
metastases to extension to intestines & liver.
Date of onset 1/2 yrs. ago?

Other contributory causes of importance: H.V.L.

Name of operation Exploratory Laparotomy Date of 11-18-37
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Engnie M. Bricker, M. D.
(Signed) BARNES HOSPITAL
(Address)

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.

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STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

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.)