

REGD JUL 12 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5395

1. PLACE OF DEATH:

1003

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Baptist Hospital 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME BENJAMIN F. SIDES3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive 56 years7. Birth date of deceased June 27 1881
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
57 11 21 hr. min.9. Birthplace Pocahontas (Leasman) Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Grocer 011. Industry or business Grocery 912. Name William Sides 913. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name Catherine Hughes15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Amelia Sides(b) Address 6157 Gambleton17. (a) Burial (b) Date thereof June 19 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Our Redeemer18. (a) Signature of funeral director Bedernian Funeral Home(b) Address 1936 St Louis ave19. (a) JUN 17 1939 (b) J. F. Bedernian
(Date of local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis 1 WR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6157 Gambleton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1939 hour 11 minute 45 A. M.21. I hereby certify that I attended the deceased from June 5, 1939 to June 16, 1939,
that I last saw him alive on June 16, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death: Lobar pneumonia, right lower lobe. Duration 11 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Amelia Sides (M. D. or other) _____Address 1194 Ashland Ave Date signed 6-16-39

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..... *Felix J. Krupin*.....
Licensed Embalmer No. *3497*.....
P. O. Address. *1936 St. Louis*.....

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, above space should be left blank.