E8903

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT. 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31250

Registration District No. 701 | Primary Registration District No. | Registrar's No. 8313

1. PLACE OF DEATH:

(a) County 1003 /

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 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 23
(If outside city or town limits, write "RURAL")

(d) Street No. 612 Barry St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Teletha Sidebottom 313

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Joel Sidebottom

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 15 (Day) 1871 (Year)

8. AGE: Years 68 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Hughn Tucker

13. Birthplace (City, town, or county) Missouri (State or foreign country)

14. Maiden name Harietta Unk.

15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Lee Sidebottom

(b) Address 2113 Lynch

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director E. J. Lohmar

(b) Address 3125 Lafayette Ave.

19. (a) SEP 27 1939 (Date received local registrar) (b) J. B. Buder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25, year 1939 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from September 23, 1939 to September 25, 1939 that I last saw her alive on September 25, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	
Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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? /

While at work? (Specify type of place) (e) Means of injury

23. Signature Samuel Leibman (M. D. or other) M. D.

Address 1515 Lafayette, 9/26/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19311

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kenmay

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.