

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

JUN 15 1940

791

1003

4515

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One month, 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 647 Holly (Rear) 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Franklin Sidner 356

8. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gloria 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased June 7 1919  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 11 14 hr. min.

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

10. Usual occupation Transfer Laborer

11. Industry or business Baker Moving Co.

12. Name Charles Sidner

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

14. Maiden name Sylvia Bowles

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

16. (a) Informant Mrs. Sylvia Bowles

(b) Address 647 Holly Ave. (Rear)

17. (a) Removal (b) Date thereof 5-21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Ill.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) MAY 21 1940 (b) J. P. Oudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 21  
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 4-16- 19 40 to 5-21- 19 40  
that I last saw him alive on 5-21- 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Duration About 4 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy As above

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 H. J. Lyman (M. D. or other) 5-21-1940  
Address 2601 N. Chittling Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**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

*Albert G. Hoffe*

Licensed Embalmer No. *2971*

P. O. Address.....

**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.**