

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.

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

18964

Do not use this space.

1. PLACE OF DEATH  
(a) County Marion Registration District No. 543  
(b) Township Jackson Primary Registration District No. 5731  
(c) City Jackson or (d) Street No. \_\_\_\_\_ Registered No. 4  
(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 Sidney Skys  
(a) Residence, No. Marion County Mo. St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1888  
7. AGE YEARS 51 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.  
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)  
11. Total time (years) spent in this occupation Life  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Mo.  
13. NAME Adam Sudheimer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
15. MAIDEN NAME Mary Anne  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Germany  
17. INFORMANT (ADDRESS) St. Louis  
18. BURIAL (CREMATION, OR REMOVAL) PLACE Marion County DATE 3/19/40  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis  
20. FILED June 10, 1940 Wm. L. L. L. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1940  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Rek Rheumatism  
Inflammatory  
Date of onset \_\_\_\_\_  
Other contributory causes of importance \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
(Signed) D. Jones M. D.  
(Address) St. Louis

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 Me

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed

Licensed Embalmer No. 3664

P. O. Address Cumey M

**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.**