

FILED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4755

1. PLACE OF DEATH:

(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:
4157 RUSSELL BLVD. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO. (b) County...
(c) City or town... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4157 RUSSELL BLVD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country... 0

3. (a) PRINT FULL NAME KATHARINE SIDO

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

4. Sex FEMALE / 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced, WIDOW

6. (b) Name of husband or wife FRED C. SIDO 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC. 4 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 18 If less than one day hr. min.

9. Birthplace DONT KNOW ILLINOIS / (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
12. Name HENRY BANGE
13. Birthplace DONT KNOW ILLINOIS / (City, town, or county) (State or foreign country)
14. Maiden name ANGELA BRUEGGEN
15. Birthplace DONT KNOW ILLINOIS / (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANNA E. MICHEL (b) Address 4157 RUSSELL BLVD.

17. (a) REMOVAL (b) Date thereof 5-25-43 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EDWARDSVILLE ILLS.

18. (a) Signature of funeral director Arthur J. Donnelly (b) Address 3840 Lindell Blvd

19. (a) MAY 23 1943 (b) J. F. Bredeek (Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 year 1943 hour 11 minute 28 a. M.

21. I hereby certify that I attended the deceased from June 1928 that I last saw h. ✓ alive on May 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 5 days

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 Motion & Conner (M. D. or other) Address Metropolitan Hotel Date signed 5-22-43

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

Dr. Howard
Gustafson
P. O. Box

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lincoln Ct

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, fact should be so stated above.