V. S. No. 2
100M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

984

State File No.

Registrar's No. 206

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

1. PLACE OF DEATH:

(a) County Mo

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

(c) Name of hospital or institution: 4057 a Finney Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County Mo 11

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4057 a - Finney Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nora Sides

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race Col.

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

6. (b) Name of husband or wife Leslie Sides

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 10 (Month) - 28 (Day) - 1889 (Year)

8. AGE: Years 54 | Months 2 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Thomas
13. Birthplace Arrington (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Horner
15. Birthplace Kenneth (City, town, or county) Mo (State or foreign country)

16. (a) Informant Leslie Sides
(b) Address 4057 a Finney Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Manuel Und. Co.
(b) Address 4059 - Finney Ave.

19. (a) JAN 8 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct. 1943 to Jan. 1944 that I last saw her alive on Jan 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Hypertension

Due to

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wm E. Hill (M. D. or other)

Address 1105 N. Sarah Date signed 1/6/44

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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, fact should be so stated above.