

FILED NOV 17 1945

Registration District No.

Primary Registration District No. 6676

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Johns Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2907 Ridgeway Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Johns Station
(If outside city or town limits, write "RURAL")
(d) Street No. 2907 Ridgeway Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie V. Sidebotham

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John S. Sidebotham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Vierling

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant John S. Sidebotham

(b) Address 2908 Ridgeway Avenue

17. (a) Burial (b) Date thereof Nov 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) 11-13-45 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 10, 1945
year _____ hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from 11 Oct 1945 to 10 Nov 1945
that I last saw her alive on 6 November 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial infarction
Chronic Arteriosclerosis
heart disease

Duration Missourent
2 Mo.

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) Means of injury: _____
23. Signature Paul A. Whelency (M. D. or other) MD
Address 823 Millard St. St. Louis 11 Mo Date signed Nov 1945

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

John Gonski

Licensed Embalmer No. *3398*

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.