

S. No. 2  
M-1-4-41  
Rev. 5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18500

State File No. \_\_\_\_\_

FILED MAY 19 1947

Registration District No. 360

Primary Registration District No. 3052

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: St. Charles to Home 5  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 6 years  
(If not in hospital or institution, write street number or location)

In this community 6 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town Wentzville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS ALVIN Sidebottom

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1947 hour 12 minute 30 P.M.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Don't know  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 28, 1947 to May 1st, 1947 that I last saw him alive on April 30th, 1947 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>Don't know</u>			hr. min.

Immediate cause of death: Uraemia Duration 4 days

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

Due to: Gen Arterio sclerotic  
Chr. interstitial nephritis

10. Usual occupation Stock trader

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John Sidebottom

13. Birthplace Don't know States  
(City, town, or county) (State or foreign country)

14. Maiden name Marj Kernan

15. Birthplace Don't know States  
(City, town, or county) (State or foreign country)

Major findings: Of operations  Of autopsy  1315

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Alvin Sidebottom

(b) Address Wentzville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) burial (b) Date thereof May 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo.

(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? \_\_\_\_\_

18. (a) Signature of funeral director M. E. Stinson

(b) Address Wentzville, Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

19. (a) 5/15/47 (b) Frankie Hamlet  
(Date received local registrar) (Registrar's signature)

23. Signature W. O. Erich Schurz, M.D. (M. D. or other)

Address St. Charles, Mo. Date signed 5/15/47

Date Filed 5-17-47  
District File Number

District Health Office  
**RECEIVED**

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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.....

*T. E. Alward*

Licensed Embalmer No. 2711

P. O. Address Westville, Mo.

**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.**