

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27979**  
Registrar's No. **7161**

FILED AUG 27 1949

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>7161</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St Louis</b>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital # 111</b>				d. STREET ADDRESS (If rural, give location) <b>19 = 32 No Boyle</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sidney</b>		b. (Middle) <b>Disbrow</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>8-15-1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 30 1870</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>PROOF READER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STREET LIGHTS</b>		11. BIRTHPLACE (State or foreign country) <b>Bellevue, Ill</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>John</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Disbrow</b>		ADDRESS <b>32 No Boyle</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1st 2nd + 3rd degree burns of body from waist down, suffered when deceased was scalded after falling into bath tub at his home on Aug 4 1949</b> DUE TO (b) _____ DUE TO (c) <b>his home on Aug 4 1949</b> II. OTHER SIGNIFICANT CONDITIONS <b>about 400 cc blood</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 4 49 4:00 A M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>UDD</b>		101	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I met with the deceased alive on _____, 19____, and that death occurred at <b>8:55 A M.</b> , from the causes and on the date stated above. <b>7 D</b>							
23a. SIGNATURE (Degree or title) <b>Patric E. Taylor, Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8/16/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>8-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vallhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>AUG 16 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sabater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service Inc.</b>		ADDRESS _____	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Howard F Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 10 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.