

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12507
State File No. 10721

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10721

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Mo.
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Waldemar C. City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1501 Menard

3. NAME OF DECEASED
a. (First) Waldemar C. b. (Middle) _____ c. (Last) Sydow

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 12, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Apr. 27, 1877

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheetmetal Worker

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Carl Sydow

13b. MOTHER'S MAIDEN NAME unk

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Mary Sydow 430 Wilmington

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Fr of skull. Subdural Hemorrhage
ANTECEDENT CAUSES suffered when struck by automobile driven by one Jess L Paul at the intersection of 12th and Carroll Streets around 6:55 pm Dec 12 1950
II. OTHER SIGNIFICANT CONDITIONS None
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 ovv Accident

20. AUTOPSY? YES NO

21a. ACCIDENT TYPE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, shoe bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St Louis Mo St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 12 50 6:55 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 25

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Patricia B. Taylor, Treasurer

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 12.15.50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-19-50

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. DEC 15 1950

REGISTRAR'S SIGNATURE J. B. Pasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Southern Funeral Home 6322 S. Grand Blvd.

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

Cornier

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

David Van Loon

Licensed Embalmer No. *4282*

P. O. Address *6322 S. Grand*

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.