No. 300
10.48

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

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37212 2451

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2751

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ann
c. LENGTH OF STAY (in this place): 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3618 St. Joachim Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ann
d. STREET ADDRESS (If rural, give location): 3618 St. Joachim Lane

40 71 0

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): June
c. (Last): Sida

4. DATE OF DEATH (Month) (Day) (Year): 10) 25) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 5, 1915
9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~At Home~~ Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ~~Housework~~ At home
11. BIRTHPLACE (State or foreign country): Windson Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alfred Buffey
13b. MOTHER'S MAIDEN NAME: Susan Lapsley
14. NAME OF HUSBAND OR WIFE: Frank Sida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 499 12 2396
17. INFORMANT'S SIGNATURE OR NAME: Frank Sida
ADDRESS: 3618 St. Joachim Lane

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Appr. July to Oct 25, 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of the Left Breast
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
NONE

19a. DATE OF OPERATION: August 1, 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma, Left Breast - Axillary Metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1952, *to* Oct 25, 1952, *that I last saw the deceased alive on* Oct 24, 1952, *and that death occurred at* 12:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. McNamara, M.D. (Degree or title)
23b. ADDRESS: 10300 St Charles Rd St Louis Co
23c. DATE SIGNED: 10-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10) 28) 52
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cem.
24d. LOCATION (City, town, or county) (State): Washington Mo.

DATE REC'D BY LOCAL REG.: 10-25-52
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Colliers Funeral Home
ADDRESS: 10123 St. Chas. Rd.

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. R

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.