

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

43204
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **BARNES NO. 11454** St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard Sides

(a) Residence, No. _____ St. **NR** Farmington, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Loleta Matkin**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25th, 1910**
 7. AGE YEARS **27** MONTHS **4** DAYS **15** If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Linotype Operator**
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) **1936** 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **Farmington,** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Dan Sides**

14. BIRTHPLACE (CITY OR TOWN) **Jackson,** (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Minnie Hopkins**

16. BIRTHPLACE (CITY OR TOWN) **Farmington,** (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Loleta Sides** (ADDRESS) **Farmington, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Farmington, Mo.** DATE **December 13, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe** **439 N. Euclid Ave.**

20. FILED **DEC 13 1937** 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-10-1937**
 22. I HEREBY CERTIFY, That I attended deceased from **12-6-1937** to **12-10-1937**
 I last saw him alive on **12-19-1937**. Death is said to have occurred on the date stated above, at **9:50 a.m.**
 The principal cause of death and related causes of importance were as follows:

Hodgkin's disease
Secondary
 Date of onset ?
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? **S.P.S.** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **B. H. Charles**, M. D.
 (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Copy

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert H. Hoppe

Licensed Embalmer No. 1861

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.)