

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

Do not use this space.

38613

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **City Hospital**)

File No.....  
Registered No. **11238**  
St..... Ward)

**2. FULL NAME**

**John A. Sides**

(a) Residence. No. **Ambassador Hotel** St. **25** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widowed</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
**XXX**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 11, 1852**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>76</b>	<b>2</b>	<b>6</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Commission Merchant**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Retired**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Lehman**  
(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **W**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **W**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **W**  
(STATE OR COUNTRY)

14. INFORMANT **Price Sides**  
(Address) **Fruitland, Mo.**

15. FILED **NOV 19 1928**  
REGISTRAR **Ray C. Stankley**

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 17 1928**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at **2.45 P.** m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Chronic Myocarditis  
Fracture of Rt. Femur  
due to falling to sidewalk  
186 ft (duration) yrs. mos. ds.  
191 ft  
CONTRIBUTORY (SECONDARY) **Accident**  
187 ft (duration) yrs. mos. ds.**

18. WHERE WAS DISEASE CONTRACTED  
**186 ft**  
NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY? **Yes**  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **Wm. Kerne**  
**11/19/28** (Address) **Dep. Coran**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cape Girardeau, Mo.** DATE OF BURIAL **Nov. 20 1928**

20. UNDERTAKER **Ch. M. M. Langhin,** ADDRESS **1631 Mo. Ave**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

