No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6955

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1388

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The City Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution August 29, 1945 to February 9, 1947. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sides, Emma
3. (b) If veteran, name war No.
3. (c) Social Security No. NONE

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Silas Sides
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 11 (Month) 18 (Day) 1862 (Year)

8. AGE: Years 84 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

MOTHER FATHER
12. Name John Kelley
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Jane Trickey
15. Birthplace Jackson, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant The City Infirmary Records
(b) Address 5800 Arsenal Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Mo.
18. (a) Signature of funeral director Albert W. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 10 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9, year 1947 hour 8: minute 05 A.M.
21. I hereby certify that I attended the deceased from August 29, 1945, 19, to February 9, 1947, 19, that I last saw her alive on February 9, 1947, 19, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Cardio-vascular disease	
Due to:	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John E. Kelly, (M. D. or other) M.D.
Address 5800 Arsenal Street Date signed 2/6/47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elmo R. Caldwell

Licensed Embalmer No. 4077

P. O. Address.....

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.