

REG'D JUL 12 1939

Registration District No. 1003

Primary Registration District No. _____

Registrar's No. 5395

1. PLACE OF DEATH: 1003
 (a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution: Mo. Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME BENJAMIN F. SIDES
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 27 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>57</u>	<u>11</u>	<u>21</u>	<u>hr.</u>	<u>min.</u>

9. Birthplace Pocahontas (Leasman) Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Grocery

12. Name William Sides

13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Hughes

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amelia Sides

(b) Address 6157 Gambleton

17. (a) Burial (b) Date thereof June 19 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer

18. (a) Signature of funeral director Redeemer Funeral Home
 (b) Address 1936 St Louis ave

19. (a) JUN 17 1939 (b) J. F. Bredich
 (Date of local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis 1 AVR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6157 Gambleton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 16
 year 1939 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 5, 1939 to June 16, 1939,
 that I last saw him alive on June 16, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia, right lower lobe. Duration 11 days

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Amelia Sides (M. D. or other)
 Address 1194 Ashland Ave Date signed 6-16-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1931

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.....

Felix J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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, above space should be left blank.