

No. 300
10-49-FILED

APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9079
Registrar's No. 94

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Cape Girardeau</u> <u>0164</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>219 S Minnesota Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u>		b. (Middle) <u>Sides</u>	
c. (Last) <u>Sides</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 21, 1882</u>
9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Neelys Landing, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>August Froemsdorf</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalena Steinhoff</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Kelp</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Acute left heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardiovascular disease</u> <u>10 yrs.</u> DUE TO (c) <u>Squamous Carcinoma of urethra</u> II. OTHER SIGNIFICANT CONDITIONS Had bilateral ureterosigmoid <u>quest hours on 3-24-53</u>	
19a. DATE OF OPERATION <u>3-24-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>181 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 25, 1953</u> , to <u>March 31, 1953</u> , that I last saw the deceased alive on <u>March 31, 1953</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. R. Seabough M.D.</u> (Degree or title)		23b. ADDRESS <u>801 A Broadway Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>4-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-2-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Sumner</u> 44-0	
FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Sobey</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

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

JUN 11 1951

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 _____

C. J. Sorberg

Licensed Embalmer No. _____

3810

P. O. Address _____

Chas. Gardner

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.