

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH8645
Do not use this space.

1. PLACE OF DEATH

(a) County 9 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 2234
 (c) City St. Louis (d) Street No. 2718 En route City Hospital #2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

John Sykes 220
 (a) Residence, No. 2718 Beaumont St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Sykes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER 13. NAME Anderson Sykes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Clara Motley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Clara Sykes
2718 Beaumont

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE Mar 7, 1938

19. FUNERAL DIRECTOR F. H. Green
(ADDRESS) 2915 Franklin Avenue

20. FILED MAR 5 1938 J. T. Bredeck
Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at.....:00A.M. m.

The principal cause of death and related causes of importance were as follows:

Chronic Aortitis. (Cause unknown)
 Oedema of the Brain.
 Emphysema of Lungs.
Non tubercular

Other contributory causes of importance:
113

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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 1-1

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Alfred Terry, M. D.

(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Rex C. Campbell, Licensed Embalmer No. 3881

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

L. E.

No. 3985 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Rex C. Campbell
Licensed Embalmer No. 3881

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.)