

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.

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

4742
Do not use this space.

791
1003

REC'D MAR 13 1939

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. Homer Phillips Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Sykes
(a) Residence, No. 3007 Leclde St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Houswork
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) Louisiana

FATHER 13. NAME A D Torrey

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

MOTHER 15. MAIDEN NAME Lojoett Mitchell

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

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 2/14

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. D. Bredek
2732 Pine Blvd

20. FILED FEB 14 1939
J. D. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to Feb. 10, 1939

I last saw her alive on Feb. 10, 1939 Death is said to have occurred on the date stated above, at 9 p. m.

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

Date of onset 6/20/38

Other contributory causes of importance:
Diabetes

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? NO

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.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify N. J. Lyman, M. D.
(Signed) J. D. Bredek
(Address) 2601 N Whittier

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

Joel Russell

Licensed Embalmer No.

2115

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, above space should be left blank.