

BUREAU OF THE CENSUS  
FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23143**  
Registrar's No. **5588**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH

(a) County **St Louis**  
(b) City or town **St Louis**  
(c) Name of hospital or institution **City Hospital**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days **22A**

8. (a) PRINT FULL NAME **George SYKE'S**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: **abt 62** Years Months Days If less than one day  
hr. min.

9. Birthplace **England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Redder**

11. Industry or business **Unknown**

12. Name \_\_\_\_\_

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

14. Maiden name **"**

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

16. (a) Informant **City Hospital**

(b) Address **City Hospital**

17. (a) \_\_\_\_\_ (b) Date there **8/22/40**  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. Richter**

(b) Address **W. Richter 3500 North**

19. (a) **JUL 1 1940** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County \_\_\_\_\_  
(c) City or town **St Louis 25**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **905 Market St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **14**  
year **1940** hour **600** minute **A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Mesothelioma; Cancer**

Duration **Shortly**  
Due to **Compound fracture of the left femoral shaft**

Other conditions **when he worked into a automobile driving**

Medical findings: **Samuel Byson, County**  
Of occupation **about 40 feet NW of Ward**  
Of autopsy **Room 17 of St. Louis 1135**  
**May 20 - 1940**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **5/29/40**

(c) Where did injury occur **St Louis mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**

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

23. Signature **Joseph M. Quinn** (M.D. or other)  
Address **Deputy Coroner**

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

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**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.....

Licensed Embalmer No.....

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.**