DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23301

EX AUG 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5746

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos 3 das (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2721 Dickson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Jessie Sykes 270

3. (b) If veteran, name war XXX

3. (c) Social Security No. 498-03-5477.

4. Sex Male

5. Color or race col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Sykes,

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Nov 26th 1903.
(Month) (Day) (Year)

8. AGE: Years 36 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Helena, (City, town, or county) Ark (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business Cen'l Electric Co.

FATHER
12. Name Eddie Sykes,
13. Birthplace Helena, (City, town, or county) Ark, (State or foreign country)

MOTHER
14. Maiden name Alice Craig.
15. Birthplace Helena, (City, town, or county) Ark. (State or foreign country)

16. (a) Informant's name signature Sarah Sykes
(b) Address 2721 A. Dickson, St,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2812, Thomas, St

19. (a) JUL 6 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2 day 2 year 1940 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from February 1, 1940, to July 2, 1940; that I last saw him alive on July 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) CNS Lues	Undetermined

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN — Underline the cause to which death should be charged statistically

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

23. Signature William Sesson (M. D. or other)
Address 2601 N Whittier Date signed 7/5/40

(Licensed Embalmer's Statement on Reverse Side)

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.

REV. 5-17-39 I X19511

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 .....

.....Myself....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....G. Houston Jr.....

Licensed Embalmer No.....2266.....

P. O. Address.....2817 Thomas St.

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.