No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8259

Primary Registration District No. 200

Registrar's No. 446

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

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 2/19/41 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: [illegible]
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 1054 Eureka Place 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - 1 years.

3. (a) PRINT FULL NAME: Willie D. Sykes
3. (b) If veteran, name war: World War
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Negro
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: February (Month) 15, (Day) 1892 (Year)
8. AGE: Years 49 | Months 0 | Days 8 | If less than one day hr. min.
9. Birthplace: Tupelo (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Janitor.
11. Industry or business: -
MOTHER FATHER
12. Name: Seinie Sykes
13. Birthplace: (City, town, or county) Mississippi (State or foreign country)
14. Maiden name: Henrietta Offen
15. Birthplace: (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant: M. Schulling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Chas. F. Gates
(b) Address: 4107 Finney Ave.
19. (a) FEB 26 1941 (Date received local registrar) W. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd, year 1941 hour 1:00 minute a. M.
21. I hereby certify that I attended the deceased from Feb. 19, 1941 to February 23, 1941 that I last saw him alive on February 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary arteriosclerotic and Hypertensive heart disease with
Due to: marked cardiac enlargement, aortic valve damage, myocardial
Due to: damage and myocardial insufficiency.

Duration: Unknown

Other conditions: none.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -
Of autopsy: No autopsy.

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): no
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (Specify type of injury)

23. Signature: C. W. HUGHES, M.D. (M. D. or other)
Address: Chief Medical Officer. Date signed 2/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.