

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2390

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 2135² Randolph St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 12
(If outside city or town limits, write "RURAL") 722
(d) Street No. 2135² Randolph St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8th
year 1948 hour 9:45 minute _____ M.
21. I hereby certify that I attended the deceased from 8-18-42
19 _____ to 3-8-43 19 _____;
that I last saw her alive on 3-6-43 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast.
Duration don't know

Due to _____
Due to 50

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

Major findings: _____
Of operations _____
Of 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) _____
(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 _____
Signature Walter H. Sporeman, M.D.
Address 1506 St. Louis Date signed _____

3. (a) PRINT FULL NAME Lenora Sykes

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willie 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 4th 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Hydra Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nathan T. Taylor

13. Birthplace Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Clara Tyson

15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Sykes

(b) Address 2135² Randolph Street

17. (a) Removal (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cochran miss

18. (a) Signature of funeral director J. H. Beedeck

(b) Address 3133 Bell Ave

19. (a) MAR 12 1948 (b) J. H. Beedeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *S. J. Watson*.....

Licensed Embalmer No. *2698*.....

P. O. Address..... *2769 Chouteau*.....

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, fact should be so stated above.