DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1052

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 132

1. PLACE OF DEATH:

(a) ~~County~~ ~~4331 N. Market St~~

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

(c) Name of hospital or institution 4331 N. Market
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 2.3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4331 N. Market (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nathan Sykes

3. (b) If veteran, name war ..... 3. (c) Social Security No. 496-18-4622

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 2 (Month) 22 (Day) 1915 (Year)

8. AGE: Years 28 Months 10 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Aberdeen (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Laundry Work

11. Industry or business .....

MOTHER FATHER

12. Name Abron Sykes

13. Birthplace Aberdeen (City, town, or county) Miss (State or foreign country)

14. Maiden name Marie Whitfield

15. Birthplace Aberdeen (City, town, or county) Miss (State or foreign country)

16. (a) Informant Abron Sykes

(b) Address 1431a Pendleton ave

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Gus Howe

(b) Address 2930 Dickson St

19. (a) JAN 6 1944 (Date received local registrar) (b) J. F. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1944 hour 9 minute 10 A.M.

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

	Duration
Immediate cause of death: Coronary Occlusion	
Due to (Thrombosis)	
Due to	
Other conditions (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 .....

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 1/6/44

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(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~~ me

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

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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

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