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K36571

FILED DEC 23 1946 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Hornes & Phelps O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 59 yrs
years, months or days

3. (a) PRINT FULL NAME AMNA SYKES

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

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

6. (b) Name of husband or wife Horace Sykes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 15 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Rackeport Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Walt

11. Industry or business _____

12. Name Ma chulls Pipes O

13. Birthplace Rackeport Mo
(City, town, or county) (State or foreign country)

14. Maiden name Caralyn Boone

15. Birthplace Rackeport Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Pipes

(b) Address 2612 N Taylor

17. (a) Buried (b) Date thereof 12-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Remy

18. (a) Signature of funeral director J. F. Brebeck

(b) Address 2612 N Taylor

19. (a) DEC 19 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2612 N Taylor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1946 hour 4 minute 15 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.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
Means of injury 3
23. Signature Walter J. Terry (M. D. or other)
Address Deputy Coroner Date signed 12/19/46

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

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 *J. D. Richardson*

Licensed Embalmer No. *2928*

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, fact should be so stated above.