No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22696

Registrar's No. 6303

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 26 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1205 Walton 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 12

If yes, name country

3. (a) PRINT FULL NAME SYDNOR: FLOSSIE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race col

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

6. (b) Name of husband or wife Charles Sydnor

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

7. Birth date of deceased 5 (Month) 31 (Day) 1904 (Year)

8. AGE: Years 43 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Julius Austin
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Leezukie Wilson
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant M. C. Davenport
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUL 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour 8:40 minute A M.

21. I hereby certify that I attended the deceased from June 4th. 1947, 19 June 26th., 19 47;
that I last saw her alive on June 26th, 19 47;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. Hopolaller (M. D. or other M.D.)
Address 5400 Arsenal Date signed

Jefferson City Printing Co.

(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 John Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.