

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH *Dr Hammond*

State File No. 3060

67

|                                                                                                                                                                                                                                                       |  |                                                                                                                                                                          |  |                                                                                                                                                  |  |                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                       |  | REG. DIST. NO. <b>318</b>                                                                                                                                                |  | PRIMARY REG. DIST. NO. <b>1002</b>                                                                                                               |  | Registrar's No. _____                                                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                                  |  |                                                                                                                                                                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis</b> |  |                                                                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>                                                                                                                                                                     |  | c. LENGTH OF STAY (in this place) _____                                                                                                                                  |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>                                                             |  | 420X                                                                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>                                                                                                                                                                                     |  |                                                                                                                                                                          |  | d. STREET ADDRESS (If rural, give location) <b>8925 Pallardy Lane</b>                                                                            |  |                                                                                  |  |
| 3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>                                                                                                                                                                                                    |  | a. (First)                                                                                                                                                               |  | b. (Middle)                                                                                                                                      |  | c. (Last) <b>SYNES</b>                                                           |  |
| 4. DATE OF DEATH <b>Jan. 3, 1951</b>                                                                                                                                                                                                                  |  | (Month)                                                                                                                                                                  |  | (Day)                                                                                                                                            |  | (Year)                                                                           |  |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                    |  | 6. COLOR OR RACE <b>White</b>                                                                                                                                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                                                            |  | 8. DATE OF BIRTH <b>Mar. 16, 1883</b>                                            |  |
| 9. AGE (In years last birthday) <b>67</b>                                                                                                                                                                                                             |  | IF UNDER 1 YEAR Months <b>9</b>                                                                                                                                          |  | IF UNDER 1 YEAR Days <b>17</b>                                                                                                                   |  | IF UNDER 24 HRS. Hours <b>17</b>                                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired salesman</b>                                                                                                                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>United Shoe Machinery</b>                                                                                                           |  | 11. BIRTHPLACE (State or foreign country) <b>Carbondale Illinois</b>                                                                             |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME <b>John Sykes</b>                                                                                                                                                                                                                  |  | 13b. MOTHER'S MAIDEN NAME <b>Margaret Dennison</b>                                                                                                                       |  | 14. NAME OF HUSBAND OR WIFE <b>Catherine Sykes</b>                                                                                               |  |                                                                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                                                                                                                                                           |  | 16. SOCIAL SECURITY NO. <b>387-10-6997</b>                                                                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Sykes</b>                                                                                         |  | ADDRESS <b>8925 Pallardy La.</b>                                                 |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                         |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension - Arteriosclerotic heart disease.</b>                                                             |  |                                                                                                                                                  |  | INTERVAL BETWEEN ONSET AND DEATH <b>6-7 yrs.</b>                                 |  |
|                                                                                                                                                                                                                                                       |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                                                                                                                                  |  |                                                                                  |  |
|                                                                                                                                                                                                                                                       |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>                          |  |                                                                                                                                                  |  |                                                                                  |  |
| 19a. DATE OF OPERATION <b>No</b>                                                                                                                                                                                                                      |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                   |  |                                                                                                                                                  |  | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>                                                                                                                                                                                                    |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                                                                           |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____                                                                                |  |                                                                                  |  |
| 21d. TIME OF INJURY <b>None</b>                                                                                                                                                                                                                       |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                   |  | 21f. HOW DID INJURY OCCUR? <b>4200</b>                                                                                                           |  |                                                                                  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 1945</b> , to <b>Jan 3, 1951</b> that I last saw the deceased alive on <b>Jan 2, 1951</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                          |  |                                                                                                                                                  |  |                                                                                  |  |
| 23a. SIGNATURE <b>John J. Hammond M.D.</b> (Degree or title)                                                                                                                                                                                          |  |                                                                                                                                                                          |  | 23b. ADDRESS <b>634 N. Grand.</b>                                                                                                                |  | 23c. DATE SIGNED <b>1/3/51</b>                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                               |  | 24b. DATE <b>Jan. 6, 1950</b>                                                                                                                                            |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>                                                                                                |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>          |  |
| DATE REC'D BY LOCAL REG. <b>JAN 4 1951</b>                                                                                                                                                                                                            |  | REGISTRAR'S SIGNATURE <b>J. B. Esater</b>                                                                                                                                |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann Funeral Home</b> ADDRESS <b>9222 Lackland</b>                                                        |  |                                                                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*Mil*

---

---

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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Al C Ostman* .....

Licensed Embalmer No. *3478* .....

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.