.S. No. 300
EV. 10-48

1090

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15387

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 3

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

1. PLACE OF DEATH
a. COUNTY Warren Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hickory-Grove
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 8120
d. STREET ADDRESS (If rural, give location) 8I6 E 53 Street Chicago Ill

3. NAME OF DECEASED (Type or Print) a. (First) Isom b. (Middle) c. (Last) Sydnor

4. DATE OF DEATH (Month) (Day) (Year) April I3 I95I

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Dec 25 I876
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Pullman Standard Mfg Co
11. BIRTHPLACE (State or foreign country) Lincoln Co MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lee Sydnor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 339-05-2449A
17. INFORMANT'S SIGNATURE OR NAME Lee Sydnor ADDRESS 8I6 E 53 St Chicago Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia 12 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11-, 1951, *to* 4-13, 1951, *that I last saw the deceased alive on* 4-13-, 1951, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. R. Beckmeyer D.D. (Degree or title)
23b. ADDRESS Wright City, Mo.
23c. DATE SIGNED 4-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April I9/5I
24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem
24d. LOCATION (City, town, or county) (State) Wright City Mo.

DATE REC'D BY LOCAL REG. Apr. 18-51
REGISTRAR'S SIGNATURE Mrs. F. W. Hughes B35
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co ADDRESS Wright City Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 20 1951

DISTRICT HEALTH OFFICE No. 4

File No. .....

APR 26 1951

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, ~~at~~ ~~N~~ ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City Mo

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.