

FILED MAY 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18662
Registrar's No. 4307

BIRTH NO. 26017-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 13hrs 13mins		d. STREET ADDRESS (If rural, give location) 22 2819 Spruce	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		e. STREET ADDRESS 22 2819 Spruce	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) James c. (Last) Sykes			4. DATE OF DEATH (Month) (Day) (Year) 4 24 51
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 4-23-51
9. AGE (In years last birthday) 13 13		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME W. C. Sykes (Initials only)		13b. MOTHER'S MAIDEN NAME Estella Simpson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Kathleen M. Howard, R.R. 2601 N. Whittier	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Atelectasis DUE TO (c)		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 762.5	
22. I hereby certify that I attended the deceased from 4-23-1951, to 4-24-1951, that I last saw the deceased alive on 4-24-1951, and that death occurred at 6:05a m., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Phillips M. D.		23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 4-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY 8 1951	24c. NAME OF CEMETERY OR CREMATORY St. Louis	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1951 MAY 8 1951	REGISTRAR'S SIGNATURE J. B. Farster	25. FUNERAL DIRECTOR'S SIGNATURE Service Address Rowland Mortuary Service St. Louis 10, Mo.	

1887

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.