

No. 300  
10.48

FILED JUN 6 1952

STANDARD CERTIFICATE OF DEATH

18605  
State File No. 4614  
Registrar's No. 4614

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>None</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>617 South 5th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Winslow</u>	b. (Middle)	c. (Last) <u>Sykes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 28 1900</u>	9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) <u>51 11 18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>G.M.-D.R. Road</u>	11. BIRTHPLACE (State or foreign country) <u>Shannon, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Rance Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Ester Sykes</u>	14. NAME OF HUSBAND OR WIFE <u>Julia</u>
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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. <u>718-10-4558</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Julia Sykes</u>	ADDRESS <u>617 S. 5th St.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Med. Cert. / Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>3/3/11 X</u>
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22. I hereby certify that I attended the deceased from 5-8-1952 to 5-16-1952, that I last saw the deceased alive on 5-16-1952, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles H. Kromer</u> (Degree or title)	23b. ADDRESS <u>110 Roe Hwy</u>	23c. DATE SIGNED <u>5-17-52</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill</u>	24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 19 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Cragg</u>	ADDRESS <u>1036 Tudor</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Specimens on underlying cause.

**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 me

working under my personal supervision.

Student Embalmer No.....

Signed Bern. H. Baldwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2420

P. O. Address Port St. Louis, 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.