

STANDARD CERTIFICATE OF DEATH

State File No.

3331

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0618**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmary		d. STREET ADDRESS (If rural, give location) 1238 East Broadway 8	

3. NAME OF DECEASED (Type or Print) Bruce			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1954		
a. (First)	b. (Middle)		c. (Last)		
			5 ykes		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Aluminium Ore Co		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Miss.	
			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Jim Sykes	13b. MOTHER'S MAIDEN NAME Rebecca (Unknown)	14. NAME OF HUSBAND OR WIFE Alberta S ykes
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Alberta Sykes ADDRESS 1238 E. Broadway St. Louis, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) Cause of Stomach	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 15.1X
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22. I hereby certify that I attended the deceased from **6/5/54**, 19**54**, to **1/19/54**, 19**54**, that I last saw the deceased alive on **1/15/54**, 19**54**, and that death occurred at **5 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Anderson M.D.	23b. ADDRESS 928 N 2nd St	23c. DATE SIGNED 1/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.
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DATE REC'D BY LOCAL REG. JAN 20 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. Officer ADDRESS 2114 Missouri Ave E. St. Louis, Ill.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bern H. Balducci

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.