

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo (No. City Hospital No. 2)

FEB 8 1937 791
Registration District No. 1003
City Hospital District No. 2

File No. 4271
Registered No. 1333
St. _____ Ward _____

2. FULL NAME Al Sydnor

(a) Residence, No. 2510 Sidney St. 23 Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 102

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Eppie Sydnor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U. DATE 1-28-1937

19. UNDERTAKER W. Richter (ADDRESS) 35702 Butte St

20. FILED JAN 29 1937 J. B. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1937 to Jan. 23, 1937

I last saw him alive on Jan. 23, 1937 Death is said to have occurred on the date stated above, 4:23 P. M.

The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease 1-22-37

Other contributory causes of importance: 93

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) A. L. Lawrence, M. D.
(Address) 2945 Lawton Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

