No. 2
4-13-40
-17-39
X23159

20
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23744

Registrar's No. 6086

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 2 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State Missouri (b) County

(c) City or town St Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2903 A Cass
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Maggie Sykes

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 3

5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Charlie Mathas

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 18 (Day) 1897 (Year)

8. AGE: Years 44 Months 4 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Shannon (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation

11. Industry or business Domestic

FATHER
12. Name George Sykes
13. Birthplace Shannon (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace unknown (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Mintel Joiner.
(b) Address 2903 A Cass. Ave.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Shannon Miss.

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2820 S Toddard St.

19. (a) JUL 26 1941 (Date received local registrar) (b) J W Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from July 19, 1941, to July 23, 1941;
that I last saw her alive on July 23, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Glomerular Nephritis	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) D
Address 2601 N Whittier Date signed 7-24-41

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boy

....., Registered Apprentice No. my

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 2946

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.