

FILED APR 8 1942 791

Registration District No. Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 094
(c) City or town Farmington (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R R # 4 (If rural, give location) NR
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME LEOLA SIKES

3. (b) If veteran, name war L 3. (c) Social Security No. 1

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced 0 5
6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive 18 years (Month) (Day) (Year) Sept 18 1932

8. AGE: Years 9 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Fredricks town Mo (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Elva Sikes
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Opal Newberry
15. Birthplace Elvins Mo (City, town, or county) (State or foreign country)

16. (a) Informant Elva Sikes
(b) Address Esther mo

17. (a) Burial (b) Date thereof 3-8-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Madison

18. (a) Signature of funeral director Ernest Sparks
(b) Address Edwing mo

19. (a) 3-9-1942 (b) J. P. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 42 hour 2 minute 29 P.M.

21. I hereby certify that I attended the deceased from 3-4-42 1942 to 3-6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death coronary failure Duration 2 days

Due to Rheumatic carditis

Due to Rheumatic fever

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations HL

Of autopsy HL

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?

While at work? (Specify type of place) (b) Means of injury 5

23. Signature R. J. Sikes (M. D. or other) 5
Address 1000 Long Date signed 3

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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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Everett Sparks*

Licensed Embalmer No. *2639*

P. O. Address..... *Elkins 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.