. No. 2
—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12855

APR 19 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3337

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: 3904 Cook Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST LOUIS. (If outside city or town limits, write "RURAL")
(d) Street No. 3904 Cook Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Howard Sydnor
3. (b) If veteran, name war No
3. (c) Social Security No. 489-20-5201
4. Sex Male
5. Color or race C
6. (a) Single, widowed, divorced Widowed.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 1 (Day) 1887 (Year)
8. AGE: Years 56 Months 3 Days 5 If less than one day hr. min.
9. Birthplace Troy (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business
FATHER
12. Name Richard Sydnor.
13. Birthplace Troy (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant Celia Sydnor
(b) Address 4244 E. Cook Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Bernice Love
(b) Address 3103 Washington
19. (a) APR 9 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year ~~1942~~ hour 7:10 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h.... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis;
Chronic Interstitial Nephritis.
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 Alfred Perry (M.D. or other)
Address Date signed 4/7/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine St.

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.

S. No. 2B
M—5-43
P I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1285-S

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8337

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard Sydner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race C
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Jan (Month) (Day) (Year)
8. AGE: Years 56 Months 8 Days Hours min. (If less than one day)
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 4-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 6 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY