

NOV 29 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10114

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community 2 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
913
 (d) Street No. 5800 Arsenal (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Willie Bob Sykes

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unavailable 1899
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 44 _____ hr. _____ min.

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

10. Usual occupation Elevator operator

11. Industry or business Hotel

12. Name Willis Sykes

13. Birthplace Westpoint Mississippi
 (City, town, or county) (State or foreign country)

14. Maiden name Lucy Spurel

15. Birthplace Shannon Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillian La Grone

(b) Address 2500 S. Kingshighway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/19/1943
 (Month) (Day) (Year)

(c) Place: burial or cremation Shannon, Mississippi

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) NOV 18 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14, year 1943 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from November 11, 1943 to November 14, 1943; that I last saw him alive on November 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 1 week

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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) (e) Means of injury _____

23. Signature H. J. Erwin (M. D. or other) Address 2601 W. ... Date signed 11/15/43

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

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.....

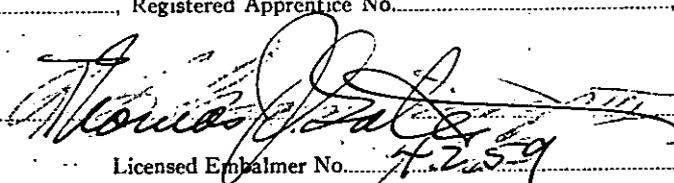
Thomas J. Gates

~~Robert Lee Cummings III~~

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

working under my personal supervision.

Signed.....



..... Licensed Embalmer No.....

..... P. O. Address 4107 Finney Ave......

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.