

FILED SEP 8 1944 318

Registration District No. 1003

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEEmma Sikes

3. (b) If veteran,

name war none

3. (c) Social Security

No. none4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced Divorced6. (b) Name of husband or wife William Sikes 6. (c) Age of husband or wife if alive 71 years7. Birth date of deceased May 7 1871
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 53 18 hr. min.9. Birthplace Potosi, Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant James E. Horn(b) Address 1816a Dolman St17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Festus Missouri18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave19. (a) AUG 29 1944 (b) J. F. Brudeck
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1816a Dolman
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th
year 1944 hour 2 minute 45 P. M.21. I hereby certify that I attended the deceased from 8/24/44
_____, 19____, to Aug. 25th, 19 44that I last saw h. er alive on Aug. 25th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary thrombosis
Arteriosclerotic heart disease
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Refused

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 623. Signature Frank Feinberg (M. D. or other) h. o
1515 Lafayette Date signed 8/25/44
Address _____

0348

7480

7480

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 Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.