

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **18955**  
Registrar's No. **4734**

**FILED JUN 3 18946**

Registration District No. ....

Primary Registration District No. ....

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:  
2213 a Randolph St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 25 yrs.  
years, months or days)

3. (a) PRINT  
FULL NAME Mamie Sykes

3. (b) If veteran, name war. none  
3. (c) Social Security No. none

4. Sex female 2 5. Color or race Negro  
6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased June 29 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 10 23 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Albert Sykes  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie McCune

(b) Address 2213 a Randolph

17. (a) burial (b) Date thereof 5 / 28 / 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (c) Signature of funeral director Dunn Funeral Home

(b) Address 215 So. Jefferson

19. (a) MAY 27 1946 J. F. Bradeck  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2213 a Randolph  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 46 hour 12-10 minute 10

21. I hereby certify that I attended the deceased from April 20  
May 21 1946 May 1946  
that I last saw h. alive on 5/21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction 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?

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

23. Signature J. W. Winters (M. D. or other)  
Address 3260 Franklin Date signed 5/27-46

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

17833

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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.....

Licensed Embalmer No. *2698*

P. O. Address.. *2769 Chouteau*

**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.**