S. No. 300
V. 10.48

584

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

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11162
Registrar's No. 2970

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1432 No. 15th, Street

3. NAME OF DECEASED (Type or Print)
a. (First) Cloudius
b. (Middle) William
c. (Last) Sykes

4. DATE OF DEATH (Month) (Day) (Year) 3- 25- 1950

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-17-1922

9. AGE (In years last birthday) 27 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Poultry Co.

11. BIRTHPLACE (State or foreign country) Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willie Sykes

13b. MOTHER'S MAIDEN NAME Beaulah Sykes

14. NAME OF HUSBAND OR WIFE Charetta Sykes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 500-18-8705

17. INFORMANT'S SIGNATURE OR NAME Beaulah Sykes **ADDRESS** 1611a Franklin Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of chest + liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) suffered when shot which gun in the hands of one - Beulah Sykes Col

DUE TO (c) mother of - Deceased in struggle in home at 1611 Franklin Ave

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* about 2:30 P.m March 19 1950

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide

20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? See above E983X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Quinn (Degree or title) Deputy Coroner 3

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 3/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-31-1950

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. APR 29 1950

REGISTRAR'S SIGNATURE J. B. Lancaster

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Peoples Und. Co. 3100 Franklin Ave.

(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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Jotie G. Pettus

Licensed Embalmer No. 4184

P. O. Address St. Louis, 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.