

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5709

State File No.

FILED FEB 23 1956

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5817 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russell-Mill Creek Twp</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>	c. CITY OR TOWN <u>Chicago</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>812 S</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anton</u> b. (Middle) <u>Rudolph</u> c. (Last) <u>Sykora</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>29 Apr 1889</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>waiter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Czechoslovakia</u>
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Sykora</u>	
13b. MOTHER'S MAIDEN NAME <u>Antonette (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Marjme Dehnert Sykora</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>336058480</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stephens Schwartz-Lincoln Wood,</u>		ADDRESS <u>Ill.</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22: I hereby certify that I attended the deceased from <u>Feb. 12</u> , 1956, to <u>Feb. 13</u> , 1956, that I last saw the deceased alive on <u>Feb. 13</u> , 1956, and that death occurred at <u>1:00 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ruth Kaufman, M.D.</u>		23b. ADDRESS <u>Versailles, Mo.</u>	
23c. DATE SIGNED <u>Feb. 14, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>2-14-56</u>		REGISTRAR'S SIGNATURE <u>J. Stash</u> <u>214-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Swell</u>		ADDRESS <u>Versailles Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

VS OCT 24 1956

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.....
Signature of Student Embalmer

Signed *E. J. Bartram*
Licensed Embalmer No. *40*
P. O. Address *Versailles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.