

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29203

State File No.

FILED SEP 6 1956

7356

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY 2219					
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes B No							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer S. Phillips				e. STREET ADDRESS (If rural, give location) 21 920 N. 19th St									
3. NAME OF DECEASED (Type or Print) a. (First) Grant			b. (Middle)		c. (Last) Sykes Jr		4. DATE OF DEATH (Month) (Day) (Year) 8. 7 56						
5. SEX MALE		6. COLOR OR RACE N.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec 14 1914		9. AGE (In years last birthday) 41		10. UNDER 1 YEAR Months Days		11. UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressing				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Okalona Miss		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Grant Sykes Sr.				13b. MOTHER'S MAIDEN NAME Hattie Nichols				14. NAME OF HUSBAND OR WIFE Reginald Sykes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes #2.				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Jessie Mae Sykes						ADDRESS 920 N. 19th St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure (heart)						INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 434-1						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
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 325 m., from the causes and on the date stated above.													
23a. SIGNATURE James M Kelly						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 8.9.56				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8 10 56		24c. NAME OF CEMETERY OR CREMATORY Morris Hill		24d. LOCATION (City, town, or county) (State) Ill							
DATE REC'D BY LOCAL REG. AUG 9 1956		REGISTRAR'S SIGNATURE Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE W. H. Burks						ADDRESS 3506 Franklin	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leroy H. Dinnister

Licensed Embalmer No. 452

P. O. Address 2616 Ham

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.