

FILED FEB 11 1946

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 123

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

3. (a) PRINT FULL NAME HERSCHEL MARVIN SIKES
3. (b) If veteran, name war ✓
3. (c) Social Security No. 499-20-7027

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased December 24 1913
(Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Poplar Bluff, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

12. Name James P. Sikes
13. Birthplace St. Francois, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth William
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James P. Sikes
(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof Jan 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director Benjamin H. H. Co.
(b) Address 313 Benton, Bonne Terre Mo

19. (a) Jan. 14, 1946 (b) Esther Rudolph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH Month January day 1st year 1946 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Dec 1 1946 to Jan 1 1946
that I last saw him alive on Jan 1 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral thrombosis

Due to Local Thrombosis Duration 1 hour

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Chronic Thrombosis
Of operations ✓
Of autopsy ✓

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

23. Signature C. S. Satten (M. D. or other)
Address 11 Ave. B. Bonne Terre Date signed 1/5

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

1890

RECEIVED

District Health Officer No. 4
Inspector File Number 246-1700
2-8-46

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. 3706

P. O. Address Gonne Terre 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.