

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26152

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *City & Hospital*)

File No.
Registered No. **7801**
St. Ward)

2. FULL NAME

(a) Residence. No. *1872 S. 7th* St. *23* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 6 - 1927*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Louis* (STATE OR COUNTRY)

10. NAME OF FATHER *Walter Char Hyde*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

12. MAIDEN NAME OF MOTHER *Emily Mackey*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

14. INFORMANT (Address) *Cherry City & Hospital*

15. SEP - 1 1927 FILED *Max G. Sarkoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *August 8 1927*

17. I HEREBY CERTIFY, That I attended deceased *Aug 6 1927* that I last saw *Aug 7 1927* live on *Aug 7 1927* and that death occurred, on the date stated above, at *7:30 AM*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Birth Injury - cerebellar hemorrhage

CONTRIBUTORY (SECONDARY) *16/15* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy findings* (Signed) *Henry C. Westerman, M. D.* (Address) *City & Hospital*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

POTTERS FIELD.

9-2-1927

20. UNDERTAKER ADDRESS *C. Shannon 1426 Carol*

are reported. CUPA. Cause of death in plain terms, so that it is understood. Information should be used.

Hyde.