

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

Do not use this space.

19954

1. PLACE OF DEATH

County
Township
City

Registration District No. **791**
Primary Registration District No. **1003**
(No. *Christian Hosp*)

File No.
Registered No. **5595**
St. Ward)

2. FULL NAME

(a) Residence. No. **2204** *of Paris* St., 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 **M** 4. COLOR OR RACE **W** 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) **5/15/29**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **20**

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) **St Louis**
(STATE OR COUNTRY) **MO**

10. NAME OF FATHER **Harlen J. Hyde**

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

12. MAIDEN NAME OF MOTHER **Mary C. Stone**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Halehurst**
(STATE OR COUNTRY) **Georgia**

14. INFORMANT **Harlen Hyde**
(Address) **2204 - Paris St.**

15. FILED **MAY 21 1929**
19. **Mary C. Stone**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5/15** 19**29**

17. I HEREBY CERTIFY, That I attended deceased from **5/15**, 19**29**, to **5/15**, 19**29** that I last saw h. **l.** alive on **5/15**, 19**29**, and that death occurred, on the date stated above, at **4:45 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature Birth
1 **10** (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **161W**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

9 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. J. Meinhardt, M.D.**
Grand St.

*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 **Assigned as Specimen** DATE OF BURIAL **5-16-1929**

20. UNDERTAKER **To Christian Hospital** ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

