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

Do not use this space. 21242

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6107

City St. Louis (No. 4581 Clarence Ave. St. ..... Ward)

2. FULL NAME William Hyke

(a) Residence. No. 4581 Clarence Ave. St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Hyke (Nee Finke)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Grocer
(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

PARENTS

10. NAME OF FATHER Eugene Hyke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Lessmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. Lee Hyke
(Address) 4581 Clarence Ave

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/21, 1928, to June 21, 1930 that I last saw him alive on 6/21, 1930, and that death occurred, on the date stated above, at 11:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of liver
124B
(duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 12 2 B1
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. D. Stoelzle, M. D.

6/23, 1930 (Address) 12 N. Central Ave - Clayton

*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
St. Peters	June 1930

20. UNDERTAKER	ADDRESS
Math. Hermann and Son	2161 E. Fair Ave.

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.