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

Do not use this space.

38511

File No. 791

Registered No. 10174

JAN 3 1934

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 6017 Columbia St. ..... Ward)

2. FULL NAME Ellen M. Hyde

(a) Residence, No. 6017 Columbia St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 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)
Female	White	Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ (OR) WIFE OF Geo. S. Hyde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Augusta (STATE OR COUNTRY) Missouri

FATHER

13. NAME Minnie Hillmich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Henry Knollenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Blanche Thayer (ADDRESS) 6017 Columbia ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE 11/28/33 19

19. UNDERTAKER A. H. McLaughlin (ADDRESS) 1631 Missouri Ave

20. FILED ..... 19 J. F. Bardeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1933, to Nov. 24, 1933

I last saw her alive on Nov. 19, 1933 Death is said to have occurred on the date stated above, at 5:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Ovary	?
4 11 A	
5 3 A	
3 5 A	
Other contributory causes of importance:	
General Carcinomatosis of Abdomen & Pelvis	?

Name of operation Oophorectomy (Left) Date of Aug 12/33

What test confirmed diagnosis? Path. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. M. Poncentier, M. D.

(Address) Wall Bldg. St Louis, Mo

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.

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

MARGIN RESERVED FOR BINDING

S. No. 2