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.

JAN 19 1937

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

Do not use this space.

File No. 43396
Registered No. 278

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Central — Primary Registration District No. 6248-H.
City Richmond Hights, Mo. (Or St. Mary's Hospital. St. Ward)

2. FULL NAME Charles Hyde,
(a) Residence, No. Olney, Ill. St., Ward. Olney, Ill.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1864.

7. AGE: Years 72 — Months 3 — Days 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME William Hyde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Emma Williamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Glen Hyde,
(ADDRESS) 5153 Palm Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olney, Ill. DATE Nov. 26/36.

19. UNDERTAKER Jas. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED Nov. 25 1936 Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936, to Nov 25, 1936
I last saw him alive on Nov 24, 1936. Death is said to have occurred on the date stated above, at 4.40A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	1934

Other contributory causes of importance: Myocarditis

Name of operation Prostatectomy Date of 11/14/36
What test confirmed diagnosis? Operation 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) M. N. Freund, M. D.
(Address) 3115 S. Grand

Dr. M. N. Freund, 3115 S. Grand

DR. N.M.Freund
3II5 S.Grand Ave.,
IIto I2.30 Am. or 7to8 pm.
Grand I588.