

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 5649 , Summitt Pl. 7)

FEB 8 1937

Registration District No. 791
Primary Registration District No. 1003

File No. 3676
Registered No. 711 St. _____ Ward _____

2. FULL NAME Henry Hyman

(a) Residence, No. 5649 Summitt Pl. St. 7 Ward 1
(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. (If nonresident, give city or town and State)

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 Esther Hyman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22nd, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9/1/37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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

13. NAME Harris Hyman

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Esther Hyman
(ADDRESS) 5649 Summitt Pl.

18. BURIAL, CREMATION, OR DISPOSITION PLACE Valhalla DATE Jan 19th, 1937

19. UNDERTAKER Pronash Mbk. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED 1-17 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1936 to Jan 15th 1937

I last saw him alive on Jan 14th 1937 Death is said to have occurred on the date stated above, at 1:50 AM

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

Chronic Endocarditis Date of onset 12/1/36

Other contributory causes of importance:
Chronic Myocarditis
Diabetes Mellitus
Chronic Arteriosclerosis Last year

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Alfred Ross Taylor M. D.
(Address) 4244 N. Florissant
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.

Mr. Myler
71.20.00
10.1.1969