

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

Do not use this space.

**JUL 8 - 1937**

**791**

**22614**

**1. PLACE OF DEATH**

County .....

Registration District No. ....

**1003**

File No. ....

Township .....

Primary Registration District No. ....

Registered No. ....

City **St. Louis, Mo.**

(No. ....)

**Memorial Home (2609 S. Grand Blvd.)**

Et. ....

Ward

**6366**

**2. FULL NAME** **Joseph Hyde**

(a) Residence, No. **2609 S. Grand Blvd.** 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**

**MEDICAL CERTIFICATE OF DEATH**

**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

**Allie Hyde**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **February 4th, 1858**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

**79**

**4**

**26**

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

**Salesman**

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

**(Farm Machinery)**

**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)**

**Covington, Kentucky**

**13. NAME** **William Hyde**

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

**London, England**

**15. MAIDEN NAME** **Elizabeth Williamson**

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

**England**

**17. INFORMANT** **Mrs Bessie Small**  
(ADDRESS) **4230 Arsenal Street**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE **Olney, Ill.** DATE **July 2nd, 1937**

**19. UNDERTAKER** **Albert H. Hoppe Inc.**  
(ADDRESS) **429 N. Euclid Avenue**

**20. FILED** **JUN 30 1937**

*J. F. Bredeck*  
Registrar

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **June 30th, 1937**

**22. I HEREBY CERTIFY, That I attended deceased from**

**June 26, 1937, to June 30, 1937**

I last saw him alive on **June 29, 1937** Death is said

to have occurred on the date stated above, at **3:06** A.M.

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

*Chr. Myocarditis  
Senility*

Date of onset

**Other contributory causes of importance:**

*Chr. Cystitis, non catarrhal  
non-gonococcal  
non-tubercular*

Name of operation **none** Date of .....

What test confirmed diagnosis? **clinical** 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 .....

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) **Edward J. Helberig, M. D.**

(Address) **4963 Fountain**

*St. Louis Mo.*

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

666  
289

49630m or thereabouts