

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38098

Registration District No. 791

Primary Registration District No. 1000

Registrar's No. 9937

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Hyatt, OSSIE Thomas 3rd

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife ott Hyatt 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Dec 9 - 1879  
(Month) (Day) (Year)

8. AGE: 59 Years 11 Months 10 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt. Vernon, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Oscar Thomas 1

13. Birthplace Mt. Vernon, Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name J. Souchet (Thornd)

15. Birthplace Crossville, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alcie Kuhn

(b) Address 600 Kings Highway, St. Louis

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-21-39  
(Month) (Day) (Year)

(c) Place: burial or cremation McLEANSBORO, MO.

18. (a) Signature of funeral director ALBERT H. HOPPE

(b) Address 4700 WASHINGTON, Blvd

19. (a) NOV 21 1939 (Date received local registrar) (b) J. J. Braddock (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County NR  
(c) City or town McLeansboro  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21  
year 1939 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from September 14, 1939, to November 21, 1939, that I last saw her alive on November 21, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death

Intracranial Hemorrhage Duration 4 mo  
Due to Hypertension of 2d  
Due to \_\_\_\_\_

Other conditions Hypostatic congestion

(Include pregnancy within 4 months of death)  
Major findings: each lung base not pneumonia PHYSICIAN  
Of operations: caused by acute myocarditis  
intracranial hemorrhage Underline the cause to which death should be charged statistically  
Of autopsy: frontal  
Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O. M. Anderson (M. D. or other) Phys  
Address BARNES HOSPITAL Date signed 11-21-39

WHILE FAINLY—USE UNFADING BLACK INK—MAKE 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.

11-1-39

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Albert G. Woppe*

Licensed Embalmer No. 2971

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**