

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26402**  
Registrar's No. **1470**

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural (Lemay)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9226 Gravois Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9226 Gravois Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd  
year 1940 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from Aug. -  
1938 to Aug. 12 - 1940;  
that I last saw him alive on Aug 7, 1938  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 J. P. Townsend M. D. or other!  
Address 6953 Gravois Ave. Date signed 8-2-40

3. (a) PRINT FULL NAME John L. Hyde **300**

3. (b) If veteran, name war World 3. (c) Social Security No. 707-12-5479

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 21st, 1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nashville, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Terminal Railroad. **9**

11. Industry or business Railroad

12. Name Not known **9**

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian M Hyde

(b) Address 9226 Gravois Ave.

17. (a) Burial (b) Date thereof 8/5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Co.

18. (a) Signature of funeral director John Ziegler

(b) Address 7027 Gravois Ave.

19. (a) AUG - 2 1940 (b) W. M. Meyer  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 9027 Gravois

**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.**