. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1942 791

State File No. 16278

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4919

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St.Louis 23 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2713 Henrietta
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country No Attending Physician

3. (a) PRINT FULL NAME Willis Bryan Hyslop

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 8 1909 (Month) (Day) (Year)

8. AGE: Years 33 | Months 0 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Naylor (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business self

FATHER
12. Name Andrew Hyslop
13. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Cecile Byrd
15. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Chas. Hyslop (brother)
(b) Address 4424a McPherson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUN 5 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1942 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on ..... 19.....
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Alfred Perry (M. D. or other)
Address Clyde Cotton Date signed 6/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 L P Cangan

Licensed Embalmer No. 36333

P. O. Address 2317 Lafayette

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, fact should be so stated above.