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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22849

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6213

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 000 17

(c) City or town St. Louis, 7 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6179 Sherry Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Phillip Hynek

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 9th 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Police Officer

11. Industry or business

FATHER
12. Name Louis Hynek
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Anna Tobin
15. Birthplace St. Louis M (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs Anna Hynek
(b) Address 6179 Sherry Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

(a) Signature of funeral director Stroot - Carroll
Address 4600 Natural Bridge Ave

JUL 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1942 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from July 8, 1942, to July 20, 1942 that I last saw him alive on July 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia 15 M

Due to Osteomyelitis of 1st phalanx

Due to tab of 1st foot non-tuberculous

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cellulitis of toe
Cause not known

Of autopsy none

Duration

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 0

23. Signature Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 7/20/42

844 (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. Sheldon Collier

Licensed Embalmer No. 3382.

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.