. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

35515

State File No.

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9364

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. Luke's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ohio (b) County Belmont 33 NR

(c) City or town Flushing
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Frank Hyest

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White O

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife

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

7. Birth date of deceased September 19, 1918
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
24	1	18	hr. min.

9. Birthplace Flushing (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation None-Invalid since 6 yrs

11. Industry or business

FATHER
12. Name Anthony Hyest
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name Anna Zydek
15. Birthplace Unknown (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Irene A. Hyest
(b) Address Flushing, Ohio

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Flushing, Ohio

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) NOV 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 7 day 7th
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 31st, 19 to Nov 7, 1942
that I last saw him alive on 11-7-42 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Post Encephalitis Residual Pamphlet agitans	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Same	
Of autopsy Same	

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 O

23. Signature R. M. Klemme (M. D. or other)
Address 4952 Maryland Date signed

(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.....

Licensed Embalmer No.....

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, fact should be so stated above.