

S. No. 2
OM-5-43
v. 5-17-39
I X36671

3022
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12940
Registrar's No. 3559

FILED APR 26 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo-1day
(Specify whether
In this community About 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 N. Florissant
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME William Hyland
3. (b) If veteran, name war no
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16th
year 1944 hour 2:50 minute A. M.
21. I hereby certify that I attended the deceased from March 15th
....., 19 44 to April 16th, 19 44;
that I last saw him alive on April 16th, 19 44
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or face white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

Immediate cause of death pulmonary tuberculosis
Due to.....
Due to.....
Other conditions Tuberculous arthritis
(Include pregnancy within 3 months of death)

7. Birth date of deceased: June 23rd 1898
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
45 9 23 hr. min.

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

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation nil

MOTHER FATHER {
11. Industry or business.....
12. Name John Hyland
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mulligan
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Charles Ellersiek
(b) Address 1448 Clinton St
17. (a) burial (b) Date thereof 4-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director J. F. Budeck
(b) Address 2228 St. Louis Ave
19. (a) APR 18 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

23. Signature Wray Fisher (M.D. or other) h. o
Address 1515 Lafayette Date signed 4/17/44

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

Wesley A. Cashion

Licensed Embalmer No. *3949*

P. O. Address *St. Louis MO*

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.