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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39453

FILED DEC 27 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10621

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 0

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. 3929 Kennerly Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME James W. Hyde
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 494-22-8863
4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily Varwig Hyde
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October (Month) 3 (Day) 1883 (Year)
8. AGE: Years 61 Months 2 Days 8 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Automobile
FATHER 12. Name James H Hyde
FATHER 13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Sarah Lennon
MOTHER 15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Emily Hyde
(b) Address 3929 Kennerly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem Jeff Barracks Mo.
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) DEC 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1944 hour 4 minute 20 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 Coronary Occlusion
Due to Coronary Sclerosis
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? By Means of injury
23. Signature (M. D. or other)
Address Date signed 12/13/44

(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 4600 Natural Bridge

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.