V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21275

State File No.

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 1570

1. PLACE OF DEATH

(a) County St. Louis County

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

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

(d) Length of stay: In hospital or institution 13 hrs. (Specify whether

In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

(c) City or town So. Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. 5th & Carson (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Hyatt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife George Hyatt

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

7. Birth date of deceased 2 (Month) 24 (Day) 1900 (Year)

8. AGE: Years 45 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business none

FATHER
12. Name James Thomas (dec)
13. Birthplace Pendleton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Anderson (dec)
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Bro. William Thomas

(b) Address 5th + Carson S. Kinloch

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor ave

19. (a) JUN 15 1945 (Date received local registrar) (b) E. E. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 7, 1945 to June 8, 1945, that I last saw her alive on June 8 - 5:13 am, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Primary idiopathic anemia ~~Due to~~ Massive infarction of the spleen

Due to 73b

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Cardiac hypertrophy; infarction of the spleen.

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

23. Signature Herbert Mazur M.D. (M. D. or other)

Address St. L. Co. Hosp. Date signed 6-8-45

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1945

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain Avenue

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.