

FILED JAN 7 1947
85928

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11191**

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 - Dr. C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community _____ 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. 2222a Cass Ave. Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME YOLANDA HYDE
3. (b) If veteran, name war none **3. (c) Social Security No.** none

4. Sex female **5. Color or race** W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased November 29th 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation none

11. Industry or business _____
12. Name Willard Hyde
13. Birthplace Ark. (City, town, or county) (State or foreign country)
14. Maiden name Betty Lee Gaddis
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Willard Hyde
(b) Address 2222a Cass Ave.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12-30-46
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 29 1946 (Date received by registrar) **(b) J. F. Brednek** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27th
year 1946 hour 5:20 minute P M.
21. I hereby certify that I attended the deceased from 12/13/46
_____, 19____, to 12/27/46, 19____;
that I last saw h_____ alive on 12/27/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. Spasmodic severe Prematurity
Due to cause undet.
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? 0 (Specify type of place) **(c) Means of injury** _____
23. Signature Benjamin Berman (M. D. or other)
Address 1515 Lafayette 12/28/46 Date signed

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 *John P. Buchholz*
Licensed Embalmer No. *16749*
P. O. Address. *2223 St. Lawrence*

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.