

No. 2
12-45
-17-39
X47070

FILED JUL 26 1947
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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1501 1/2 S. 9th ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mos
(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. 1501 1/2 S. 9th ST
23 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgia May Hyle
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JACOB
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased FEB - 21 - 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 26
If less than one day hr. _____ min. _____

9. Birthplace GERARD ILL
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name HARRIS

13. Birthplace GERARD ILL
(City, town, or county) (State or foreign country)

14. Maiden name HILDA SUTHIN

15. Birthplace VIRGINIA I
(City, town, or county) (State or foreign country)

16. (a) Informant ALDA MAY HALL

(b) Address 1501 1/2 S. 9th ST

17. (a) REMOVAL (b) Date thereof 7-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation YIRDEN ILL

18. (a) Signature of funeral director ROWLAND FUNERAL SER

(b) Address 4355 WASHINGTON AV

19. (a) JUL 21 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 4 minute 39 P.M.

21. I hereby certify that I attended the deceased from July 3
1947 to July 6 1947
that I last saw h. ER alive on July 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 2 hrs
Due to Carcinoma of Rectum, Perforated
Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Rectum

Of autopsy _____

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) _____
Means of injury Q

23. Signature Erigena Bredack M. D. or other med
Address Barnes Hosp Date signed 17 July 47

PHYSICIAN
Underline the cause to which death should be charged statistically.

6828

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.....

Ronald Yodanis
.....
Licensed Embalmer No. *3917*

P. O. Address *4355 Washington*

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.