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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29158

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8343

WRITE PLAINLY—USING 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: 6545 Scanlan / (If not in hospital or institution, write street number or location)

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

In this community Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) ~~Street~~ 3 No. 6545 Scanlan 9 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Nellie C. Hyde

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 Thomas Hyde

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb. (Month) 15 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	6	15	hr. min.

9. Birthplace Cairo (City, town, or county) Ill / (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name John Meighan
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Cahill
15. Birthplace (City, town, or county) Wisconsin / (State or foreign country)

16. (a) Informant John Hyde

(b) Address 6545 Scanlan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 3, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa St.

19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1947 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1940, to Aug 30, 1947; that I last saw her alive on Aug 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1940
Chronic arteriosclerosis	1940
Due to	
Due to	
Other conditions: Acute nephritis (Include pregnancy within 3 months of death)	July 1 1947

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature S. Vezeau for D (M. D. or other) None

Address 1504 So. Grand Date signed 4/1 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) STEPHEN VEZEAU

Dr. Stephen Vezeau
1504 So. Grand

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadwa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.