

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25191
6120

FILED JUL 30 1949

State File No.

318

REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>12 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>1412^a BURD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - 1412^a BURD.</u>		e. (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>HAROLD</u>		b. (Middle) <u>HYMAN</u>	
c. (Last) <u>PRESENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13-1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 22-1913</u>	
9. AGE (In years last birthday) <u>35</u>		10. F UNDER 1 YEAR Months Days 11. F UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SGT. & FIELD Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ANIMALS</u>	
11. BIRTHPLACE (State or foreign country) <u>MILWAUKEE WIS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>OSCAR JOSEPH PRESENT</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA ALBERT</u>	
14. NAME OF HUSBAND OR WIFE <u>RUTH PRESENT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	
16. SOCIAL SECURITY NO. <u>488-30-2544</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Present</u> ADDRESS <u>1412^a Burd.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Alcoholism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Memorial poisoning</u> DUE TO (c) <u>in presence of alcoholism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Accident</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:22 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>130 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Regina L. ...</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>7/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chevrab RADISHA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>JUL 14 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Oxenhandler</u>		ADDRESS <u>5010 Enright</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. J. Penhandler* _____

Licensed Embalmer No. *3669* _____

P. O. Address *5010 Emright* _____

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.