

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3417**
Registrar's No. **224**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 224		
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, Mo.		c. LENGTH OF STAY (in this place) 11 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,				
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home				d. STREET ADDRESS (If rural, give location) 3218 Osceola St.				
3. NAME OF DECEASED (Type or Print) GEORGE A. HYLAND			a. (First) A.			b. (Middle) HYLAND		
4. DATE OF DEATH January 26, 1950			5. SEX Male			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married			8. DATE OF BIRTH January 5, 1877			9. AGE (In years last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salvage Corp			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Patrick Hyland			13b. MOTHER'S MAIDEN NAME Julia Shaussey		
14. NAME OF HUSBAND OR WIFE Mary C. Hyland			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 494-03-6438		
17. INFORMANT'S SIGNATURE OR NAME Mary C. Hyland (Wife)			17. ADDRESS 3218 Osceola St.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chr. Myocarditis Senil arteriosclerosis Hypertension Previous rt. hemiplegia		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			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 Mar , 19 49 , to Jan , 19 50 , that I last saw the deceased alive on Jan 25 , 19 50 , and that death occurred at 6:15A m., from the causes and on the date stated above.								
23a. SIGNATURE Chas. Bennett MD			23b. ADDRESS Creve Coeur, Mo			23c. DATE SIGNED 1-26-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 1/28/50			24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Herbert R. Donko, MA			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St.		
JAN 26 1950			(Licensed Embalmer's Statement on Reverse Side)			St. Louis, 18 Missouri		

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18th Missouri

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.