

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18296
State File No. 4952
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) Washington Hotel 6 600 N. Kingshighway Bl.	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) P. c. (Last) HYDE		4. DATE OF DEATH (Month) (Day) (Year) June 5 1950	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sep't. 27, 1878
9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating & Sheet Metal	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating & Sheet Metal	10b. KIND OF BUSINESS OR INDUSTRY 4854 Page Ave.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <input checked="" type="checkbox"/>	
13a. FATHER'S NAME David Hyde		13b. MOTHER'S MAIDEN NAME Ellen Murphy	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Vincent Herbers 5519 Milentz Ave.	

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		INTERVAL BETWEEN ONSET AND DEATH 1947 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>art. sclerotic cardiovascular disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>gangrene of left leg</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>diabetes mellitus</i> <i>Bovine tuberculosis lung</i>			

19a. DATE OF OPERATION March 1950	19b. MAJOR FINDINGS OF OPERATION <i>amputated left leg - arteriosclerotic vascular disease</i>		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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4221</i>	

22. I hereby certify that I attended the deceased from 8-20, 1949, to 6-5-1950, that I last saw the deceased alive on 6-4, 1950, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Wayne S. Gault MD</i>	(Degree or title)	23b. ADDRESS 2734 N. Grand	23c. DATE SIGNED 6-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JUN 5 1950	REGISTRAR'S SIGNATURE <i>J. B. Faraster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Edwin A. M. Herriott

Signed.....

Student Embalmer

Licensed Embalmer No. *3024*

P. O. Address.....

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.