

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3266**

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0320**

3

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 d. STREET ADDRESS (If rural, give location) 4246a W. Cook	
3. NAME OF DECEASED (Type or Print) Samuel Hyter a. (First) Samuel b. (Middle) Hyter c. (Last) Hyter		4. DATE OF DEATH (Month) (Day) (Year) Jan 10, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7 9. AGE (In years) (Months) (Days) (Hours) (Min.) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Shiner		10b. KIND OF BUSINESS OR INDUSTRY Shoe	
11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hyter		13b. MOTHER'S MAIDEN NAME Sarah Unknown	
14. NAME OF HUSBAND OR WIFE Baulah Hyter		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. Nil		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Worth, 4545 Cote Brillante	
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 Brillante I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Necrotizing Bronch DUE TO (c) pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 A m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Dr. Daniel G. Gayles, Coroner, 3		23b. ADDRESS 1300. Clark	
23c. DATE SIGNED 1/12/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-12-53		24c. NAME OF CEMETERY OR CREMATORY Versailles, Missouri.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington	
DATE REC'D BY LOCAL REG. JAN 12 1953		REGISTRAR'S SIGNATURE Carl Smith MD (Licensed Embalmer's Statement on Reverse Side)	

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 Fred J. Farmer
.....

Licensed Embalmer No. 4788
.....

P. O. Address St. Louis, Mo
.....

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.