V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41672

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2991

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (In this place): 65 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: RICHMOND HEIGHTS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 7708 DALE AVENUE

4/193

3. NAME OF DECEASED (Type or Print)
a. (First): LESTER
b. (Middle): C.
c. (Last): HYLAND

4. DATE OF DEATH (Month) (Day) (Year): 11-18-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-31-1898
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DEPUTY TAX ASSESSOR
10b. KIND OF BUSINESS OR INDUSTRY: COUNTY GOVT.
11. BIRTHPLACE (City and State or Foreign Country): WINDSOR, ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: EDWARD HYLAND
13b. MOTHER'S MAIDEN NAME: MAUDE CRAWFORD
14. NAME OF HUSBAND OR WIFE: MAUDE HYLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 713012245
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Brain tumor, oligodendroglioma, temporal lobe, right, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9.15.52
19b. MAJOR FINDINGS OF OPERATION: Craniotomy - Brain tumor - as above
20. AUTOPSY? YES [X] NO [ ]

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14-53, *19*____, *to* 11-18-53, *19*____, ~~that I last saw the deceased alive on~~ XXXXXXXXXXXXXXXXXXXX, *and that death occurred at* 6:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. ALLEN, MD
23b. ADDRESS: VAH JEFFERSON BARRACKS, MO.
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 20-1953
24c. NAME OF CEMETERY OR CREMATORY: National Cem
24d. LOCATION (City, town, or county) (State): Jefferson Barrack Mo

DATE REC'D BY LOCAL REG.: 11/19/53
REGISTRAR'S SIGNATURE: Hesbert B. Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. M. Dockery 536 Clayton Rd Rich Hts 17 Mo
(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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