

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10136**
2757

FILED APR 2 1954

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 3229 Locust Street		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. STREET ADDRESS 329 Belt Ave.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel	b. (Middle) Francis	c. (Last) Hyland	4. DATE OF DEATH (Month) (Day) (Year) March 24, 1954
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Mar. 25, 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner, Auto Accessories	10b. KIND OF BUSINESS OR INDUSTRY Auto Accessories	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Michael Hyland	13b. MOTHER'S MAIDEN NAME Johanna	14. NAME OF HUSBAND OR WIFE Mrs. Madeline E. Hyland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W.I.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Madeline E. Hyland	ADDRESS 329 Belt Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Diabetes Mellitus		8 yrs XX
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 260X
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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
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22. I hereby certify that I attended the deceased from **2/9, 1945** to **3/24, 1954**, that I last saw the deceased alive on **3/19, 1954**, and that death occurred at **8:42 AM**, from the causes and on the date stated above.

23a. SIGNATURE Arthur J. Donnell (Degree or title)	23b. ADDRESS 634 W. Grand St. St. Louis	23c. DATE SIGNED 3/25/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-28-1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Coral Gables Florida
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DATE REC'D BY LOCAL REG. MAR 26 1954	REGISTRAR'S SIGNATURE J. Cash	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnell	ADDRESS 810 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 30 1957

FEB 13 1958

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.....
Signature of Student Embalmer

Signed Wm S. Laker.....

Licensed Embalmer No. 46.....

P. O. Address W. Laker.....

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.