

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39652

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>390</u>		Registrar's No. <u>2557</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ann</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>		c. CITY OR TOWN <u>St. Ann</u> <u>H07</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3197 La Vista</u>				STREET ADDRESS (If rural, give location) <u>3197 La Vista</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laury</u>			b. (Middle) <u>Austin</u>		c. (Last) <u>Hyde</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 8 1892</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morganfield Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Hyde</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Mary Graham</u>			14. NAME OF HUSBAND OR WIFE <u>Zelah Hyde</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486 18 4354</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Hyde 1941 Hanley Rd.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4500</u>			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?				
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>54</u> , to <u>Nov. 3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 3</u> , 19 <u>54</u> , and that death occurred at <u>8:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. H. Clark, D.O.</u>				23b. ADDRESS <u>A. J. H. Clark, D.O.</u>		23c. DATE SIGNED <u>11-4-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 5 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>				
DATE REC'D BY LOCAL REG. <u>11/4/54</u>		REGISTRAR'S SIGNATURE <u>Walter K. Sommers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pollier Mortuary 10123 St. Chas. Rd.</u>					

(Licensed Embalmer's statement on Reverse Side)

NOV 22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *1012387*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.