

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1955

State File No. **20122**
Registrar's No. **5009**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. De Paul Hospital		e. LENGTH OF STAY (in this place) 45 yrs	
3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) c. (Last) Hydar		4. DATE OF DEATH (Month) (Day) (Year) June 7 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1 1909
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Elect. Appl'ce	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Anthony Hydar		13b. MOTHER'S MAIDEN NAME Helen Albert	
14. NAME OF HUSBAND OR WIFE Elizabeth Douez Hydar		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. 488-07-8916		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Hydar 1939 Montgomery	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure; Atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 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		19b. MAJOR FINDINGS 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1341		22. I hereby certify that I attended the deceased from 1955 , to 1955 , that I last saw the deceased alive on June 11, 1955 , and that death occurred at 1300 Commerce , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Robert E. ...		23b. ADDRESS 1300 Commerce	
23c. DATE SIGNED 6/9/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 11, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beidervrieden F.H. Inc., 1936 St. Louis Av	
DATE REC'D BY LOCAL REG. JUN 9 1955		REGISTRAR'S SIGNATURE J. Charles Smith	

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..... None
Signature of Student Embalmer

Signed Helmut J. Krupinski

Licensed Embalmer No. 3

P. O. Address St. Louis

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.