

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11793**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 638		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY St. Louis)				
b. CITY OR TOWN OVERLAND		c. LENGTH OF STAY (in this place) 9 mo.		c. CITY OR TOWN FLOIRISSANT		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 OVERLAND RESTORIUM				e. STREET ADDRESS (If rural, give location) 185 St. Daniel Lane				
3. NAME OF DECEASED (Type or Print)			a. (First) MARY		b. (Middle) ALICE		c. (Last) HYLAND	
4. DATE OF DEATH		(Month) MARCH		(Day) 5,		(Year) 1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH FEBRUARY 16, 1956		
9. AGE (In years last birthday) 76		If UNDER 1 YEAR Months 0		If UNDER 12 HRS. Days 18		Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (City and State or Foreign Country) EBATCH TOWN, ILL.		
12. CITIZEN OF WHAT COUNTRY? USA								
13a. FATHER'S NAME JAMES SAMSON.			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE JAMES P. HYLAND		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME JAMES HYLAND ADDRESS 185 ST. DANIEL LANE			
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Autism					INTERVAL BETWEEN ONSET AND DEATH 1 yr	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					DUE TO (b) Bronchopneumonia	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS					DUE TO (c)	
		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 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) 4916		21d. (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?				
22. I hereby certify that I attended the deceased from 10-1- , 19 55 , to 3-5- , 19 56 , that I last saw the deceased alive on 3-3- , 19 56 , and that death occurred at 12:00 AM , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Henry W. W...				23b. ADDRESS 2438 Woodson Rd		23c. DATE SIGNED 3/6/56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MARCH 8, 1956		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.		
DATE REC'D BY LOCAL REG. 3-6-56		REGISTRAR'S SIGNATURE Herbert R. Douber...		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC.		ADDRESS 1936 ST. LOUIS AVE.		

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 *Delis J. Krispin* _____

Licensed Embalmer No. 34 _____

P. O. Address *St. Paul* _____

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.