

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24414

1. PLACE OF DEATH
 96 County St. James Registration District No. 1170
 7 Township Central Primary Registration District No. 6248H.
 7 City St. Mary Hospital (No. St. Mary Hospital) St. _____ Ward _____

2. FULL NAME Geo. Retz Hazel
 (a) Residence, No. 6109 Nat. Ave. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 146

AUG 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 33
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James Mo
 13. NAME Geo Hazel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 15. MAIDEN NAME Jessie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT (ADDRESS) Geo Hazel 6109 Nat
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Paul DATE July 21 1933
 19. UNDERTAKER (ADDRESS) Funeral Home 2419 Michigan
 20. FILED 7 31 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 12:30 P.M. to 8:00 P.M. 1933 to 8:10 P.M. July 30, 1933
 I last saw her alive on 8:10 P.M. July 20, 1933 Death is said to have occurred on the date stated above, at 8:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Pentonal Gas Status Lymphatic Prematurely Ectopic Neoplasm
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test considered diagnostic _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) F. J. Hartnett M. D.
 (Address) 6120 Clayton Rd St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified: Exact statement of OCCUPATION is very important.

newspaper