

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 8604
Registrar's No. 2087

FILE APR 10 1940 917
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4513 Oregon ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Katherine Hazelbusch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife HENRY HAZELBUSCH 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased February 24 1940/1858
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Bavaria 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name --Lauer 7

13. Birthplace Bavaria 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Bavaria 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 4513 Oregon

17. (a) Burial (b) Date thereof 3-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schumacher Und. Co.

(b) Address 3013 Meramec

19. (a) 1 1940 (b) J. H. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4513 Oregon
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29
year 1940 hour 2.30 minute A. M.

21. I hereby certify that I attended the deceased from February 12th, 1940 to February 29th, 1940
that I last saw him alive on Feb. - 28th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus 10 yrs.
Duration _____

Due to _____
Due to _____

Other conditions Gangrene foot. - 1 mo.
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature Albert [Signature] (M. D. or other) MD
Address 3548 S. Grand Date signed 2-15-40

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.

KA 3637
3548 S. Meramec

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.....

Greg J. Deshaubault

Registered Apprentice No. _____

working under my personal supervision.

Signed *Greg J. Deshaubault*

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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 this body is not embalmed, above space should be left blank.