

STANDARD CERTIFICATE OF DEATH

State File No. 29939

791

1003

Registrar's No. 7278

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:
1325 McCausland
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1325 McCausland
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1941 hour 6:45 minute _____ M.
21. I hereby certify that I attended the deceased from July
1 1940, 19____ to Sept 6 1941
that I last saw h. alive on Sept 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 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)
Means of injury _____

23. Signature M. E. Shetty (M. D. or other) _____
Address 961 S. S. St. Date signed 9/8/41

3. (a) PRINT FULL NAME OSCAR A. HAZENSTAB

3. (b) If veteran, name war no 3. (c) Social Security No. 493-07-07a2

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Claire J. 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 30 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 6 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business J. B. Gury Mfg. Co

MOTHER FATHER { 12. Name Wm. J. Hazenstab

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Ruff

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. Hazenstab

(b) Address 1325 McCausland

17. (a) entombment (b) Date thereof 9/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Alexander's Sons
6175 Delmar Blvd.

(b) Address _____

19. (a) SEP 9 1941 (b) J. P. Bredich
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

Raymond L. Morris
working under my personal supervision.

Registered Apprentice No. *790*

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *St Louis MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.