No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30416
7755

Registration District No. 791 Primary Registration District No. 1003 Registrar's 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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 17 years

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. 4320 Cook
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Omar Hazzard
3. (b) If veteran, name war Unk
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXXXXXXXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased Sept 5, 1902 (Month) (Day) (Year)
8. AGE: Years 39 Months 0 Days 10 If less than one day hr. min.
9. Birthplace ? (City, town, or county) Ky (State or foreign country)
10. Usual occupation Porter
11. Industry or business ?
MOTHER FATHER
12. Name Mack Hazzard
13. Birthplace ? (City, town, or county) Ky (State or foreign country)
14. Maiden name Bertha Shively
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Florence A Spotts Secy
(b) Address 2601 N Whittier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis, Mo.
19. (a) SEP 26 1941 (Date received by registrar) (b) J. J. Bredela (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1941 hour 10:30 minute P.M.
21. I hereby certify that I attended the deceased from Sept 15, 1941, to Sept 22, 1941; that I last saw him alive on Sept 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Glomerular Nephritis — Prob — Duration 13 yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Shum (M. D. or other) (1)
Address 2601 N Whittier Date signed 9-23-41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

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