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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19636

Registrar's No. 5812

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: CITY HOSPITAL #10 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17 ~~7~~

(c) City or town ST. LOUIS 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2005 A - VICTOR ST (If rural, give location)

(e) If foreign born, how long in U. S. A.? 040 years.

3. (a) PRINT FULL NAME ~~Nagie Hazer~~ Nagie Hazer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARIE HAZER

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased AUG. ~~8~~ (Month) 26 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
55		10	11	hr. min.

9. Birthplace — (City, town, or county) SYRIA X (State or foreign country)

10. Usual occupation ICE + COAL DEALER

11. Industry or business —

FATHER
12. Name GEORGE HAZER
13. Birthplace SYRIA (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace SYRIA (City, town, or county) 8 (State or foreign country)

16. (a) Informant GEORGE HAZER

(b) Address 2005 VICTOR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY-9-1942 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 1107 Natural Bridge

19. (a) JUL 8 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Occlusion	
Due to Arteriosclerosis	
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 3

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 7/7/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.