

FILED MAR 10 1943

Registration District No.

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:  
4836 Northland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... No  
(Specify whether  
In this community..... 60 years  
years, months or days)

3. (a) PRINT FULL NAME IDA HAZZARD

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

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

6. (b) Name of husband or wife..... Frank 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... May 13th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 11 hr. min.

9. Birthplace..... Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife  
11. Industry or business..... At Home

MOTHER FATHER

12. Name..... Unknown  
13. Birthplace..... "  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Louise Tieman  
15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ivy Boehm  
(b) Address..... 5631 Holly Hills

17. (a) Burial (b) Date thereof..... 2/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters

18. (a) Signature of funeral director..... d. w. m. Laughlin

(b) Address..... 2301 Lafayette Ave.

19. (a) FEB 25 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 126  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 4836 Northland  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th  
year 1943 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb 24  
Feb 2 1943 to Feb 14 1943  
that I last saw her alive on Feb 4 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... Cerebral Apoplexy.

Due to..... Arterio-sclerosis.  
(sensitivity)

Due to.....  
Other conditions..... 87  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

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.....

23. Signature..... J. W. Bonelmann (M. D. or other)  
Address..... 504.3 Verbon Ave. Date signed..... 25/43

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

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**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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**