

FILED MAY 12 1944  
318

State File No. \_\_\_\_\_  
Registrar's No. 4253

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthonys Hospital  
(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 City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3522 Hartford Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Zelma Hazelrigg

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased November 22 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housework at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William F. Meyer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Marx  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hazelrigg  
(b) Address 3522 Hartford Street

17. (a) burial (b) Date thereof 5-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) MAY 8 1944 (b) J. J. Busack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th  
year 1944 hour 12:50 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from 4/17/44  
\_\_\_\_\_ 19 44  
that I last saw her alive on 5/6/44 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxaemia - general. 3 days.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Diabetes mellitus - 2 years  
arterio-sclerosis  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Toxaemia general -  
Diabetes mellitus -

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 name of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. P. Simpson (M. D. or D. O.) M. D.  
Address 3739 Grand Ave. Date 5/12/44

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

Dr. Simpson  
3739 Grandis  
La 4088  
1-2 P.M.

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 Virgil L. Berryman

Licensed Embalmer No. 14018

P. O. Address St. Louis, Mo.

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.