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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13884 19884

Registrar's No. 5984

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(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 6 days (Specify whether
In this community 12 years 0
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. 2121 Walnut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Kazee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Ida Kazee

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

7. Birth date of deceased Aug (Month) 1 (Day) 1867 (Year)

8. AGE: Years 76 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Albert Kazee
(b) Address 2122a Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 5 44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard St.

19. (a) JUL 5 1944 (Date received local registrar) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1, year 1944 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 25, 1944 to July 1, 1944 that I last saw him alive on July 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	Unk.
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 0

23. Signature Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 7/3/44

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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.....

P. O. Address.....

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

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