

FILED AUG 5 1944

Registration District No. **317**

Primary Registration District No. **3064**

Registrar's No. **1604**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Bergeron**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **548 Tesmore**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 month & 22 days**
Specify whether years, months or days

In this community **1 month & 22 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Jersey** **999**

(c) City or town **Grafton** **11**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **L**

3. (a) Full name **Minnie Lolinda Hazelton**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **na**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24** th
year **1944** hour **12** minute **P.** M.

21. I hereby certify that I attended the deceased from **6/5**, 1944, to **7/24**, 1944,
that I last saw her alive on **7/23**, 1944,
and that death occurred on the date and hour stated above.

5. Color of race **Female** **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Hazelton**

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

Birth date of deceased **May 24 1857**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary edema** **3 days**

Due to **Myocarditis** **?**

Due to **arteriosclerosis** **?**

Other conditions **fractured femurs** **11 yrs**
(Include pregnancy within 9 months of death)
anulosis of hips

Major findings: Of operations _____

Of autopsy **93%**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years **87** Months **2** Days **=** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **OWN HOME**

12. Name **John M. Claren**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **" " "** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **King R. Hughes**

(b) Address **3390 St. Louis Ave. Bergeron Mo.**

17. (a) **Burial** (b) Date thereof **7-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Alton Ill**

18. (a) Signature of funeral director **Robert D. Shuman**

(b) Address **2571 Edward St Alton Ill**

19. (a) **8-2-44** (b) **E. J. McFarren, M.D.**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** **10** **136**

(b) Date of occurrence **1933**

(c) Where did injury occur? **HOME**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (b) Means of injury **fractured hip**

23. Signature **King R. Hughes** (M. D. or other) **M.D.**

Address **Bergeron Mo.** Date signed **7/25/44**

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

Robert H. Steeger

Licensed Embalmer No.

2474

P. O. Address

2521 Edwards St. Altan

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.