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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25739

FILED SEP 1 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7284

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: 6632 Colorado Ave. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 660

(c) City or town St. Louis 171 (If outside city or town limits, write "RURAL")

(d) Street No. 6632 Colorado Ave. 9 (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Hazen

3. (b) If veteran, name war no

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 Ralph

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Apr. (Month) 13 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	4	hr. min.

9. Birthplace New Orleans (City, town, or county) Louisiana / (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Wm. Nord
13. Birthplace (City, town, or county) Lousiana / (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) not known a (State or foreign country)

16. (a) Informant Ralph Hazen

(b) Address 6632 Colorado Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-21-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec Str.

19. (a) AUG 20 1945 (Date received local registrar) (b) J. F. Brosack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th. year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Aug 17, 1945 to — 3 hrs — 19 that I last saw her alive on Aug 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. A. Mulach (M. D. ~~or other~~)

Address 7405 Mich. Av. Date signed 8/18/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Marbach
7405 Michigan
PL 9492
1 to 3-PM

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 Francis Williamson

Licensed Embalmer No. 3565

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.