

FILED JAN 21 1946
Registration District No. _____

Primary Registration District No. _____

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

177
4

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:
De Paul Hospital *D*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ?
(Specify whether)

In this community St. Louis
years, months or days

3. (a) PRINT FULL NAME: Adele C. Hazelden

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 Alfred G. Hazelden

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 29, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	7	2	hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name George Bullerdick

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna C. Gieselmann

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred G. Hazelden

(b) Address 2964 Hatherly Drive.

17. (a) Entombment (b) Date thereof Jan. 3, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 3 1946 (b) J. F. Breusch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis *9!*

(c) City or town Normandy
(If outside city or town limits, write "RURAL") *J.R.*

(d) Street No. 2964 Hatherly Drive
(If rural, give location)

(e) Citizen of foreign country? No *1* (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 12/20/45
to 12/31/45 1945

that I last saw her or alive on 12/31 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Intra cerebral (brain) hemorrhage

Due to Cerebral vascular aneurysm

Due to _____

Other conditions 83 out
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 M.A.

23. Signature Edmund A. Smith (M. D. or other)

Address Beaumont 1064 Date signed 1/2/46

3720 W. Lombard
St. Louis, Mo. 66227
1-3

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 John A. Mlinar

Licensed Embalmer No. 4186

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.