

FILED MAR 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 10 mos. 24 ds.
(Specify whether)

In this community 28 yrs.
years, months or days

3. (a) PRINT FULL NAME JOHN HAZEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: December 18 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace not given New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER { 12. Name John Hazen

13. Birthplace not given
(City, town, or county) (State or foreign country)

14. Maiden name Dilla Stevens

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant T. Singler

(b) Address 5400 Arsenal St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/8/46
(Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem. Gebken-Benz Mort.

18. (a) Signature of funeral director _____

(b) Address 2842 Meramec St.

19. (a) MAR 8 1946
(Date received local registrar)

(b) J. F. Bredick
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5400 Arsenal St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 4.45 minute P M.

21. I hereby certify that I attended the deceased from November 1st, 1945 to March 6, 1946
that I last saw him alive on March 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Tracheo-bronchitis 2 ds.

Due to Arteriosclerosis generalized
1937x

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

23. Signature Cyrus Pachter (M. D. or other) 0 M.D.
Address 5400 Arsenal Date signed 3/7/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Laron C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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.