

S. No. 2  
M-2-43  
7. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **2612**

**FILED** APR 5 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 \_\_\_\_\_

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution:  
**St. Louis City Hospital—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 DAYS**  
(Specify whether in this community, years, months or days) **27 YEARS**

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. **2005 A VICTOR ST**  
Memorial (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **AMMENIA (MARIE) HAZER**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17th**  
year **1946** hour **12:30** minute **P** M.

21. I hereby certify that I attended the deceased from **3/12/46**  
to **3/17/46**, 19\_\_\_\_, to **3/17/46**, 19\_\_\_\_,  
that I last saw h. **or** alive on **3/17/46**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex **7 / F** 5. Color or race **W**

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

6. (b) Name of husband or wife **NAGI HAZER**

6. (c) Age of husband or wife if alive **18-1898** years

7. Birth date of deceased **JULY - 18 - 1898**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of uterus ± metastases.**

Duration **2 YRS.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years **47** Months **7** Days **29** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **HOUSEWIFE**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Carcinoma of cervix ± widespread metastases.**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **HERBEE HORANY**

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

14. Maiden name **W. R. N. D. W. N.**

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

16. (a) Informant **Jed Hazer**

(b) Address **2005 Victor St**

17. (a) **BURIAL** (b) Date thereof **3-20-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. MATTHEW'S CEM**

18. (a) Signature of funeral director **J. B. Tanner**

(b) Address **6107 Natural Bridge**

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

**J. F. Brodeur** (Registrar's signature)

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 \_\_\_\_\_

23. Signature **Gene J. Parker** (Date signed) **1515 LAFAYETTE 3/18/46**

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**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 Henry M. Bramme  
Licensed Embalmer No. 4200  
P. O. Address.....

**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.**