. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

Registration District No.....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.....

State File No. 18922

Registrar's No. 5384

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 St. Louis City Hospital
(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.....

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. Unavailable
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Robert Hazelwood

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 W

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Feb (Month) 21 (Day) ~~Abem~~ 1915 (Year)

8. AGE: Years ~~[illegible]~~ Months 3 Days 8 If less than one day ....hr. ....min.

9. Birthplace Clovis (City, town, or county) N. Mexico (State or foreign country)

10. Usual occupation Unknown

11. Industry or business.....

FATHER:
12. Name Lee Hazelwood
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER:
14. Maiden name Florence Irwin
15. Birthplace Lincoln (City, town, or county) Neb. (State or foreign country)

16. (a) Informant Mrs. L. D. King
(b) Address Clovis, New Mexico

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-30-47 (Month) (Day) (Year)

(c) Place of burial or cremation Clovis, N. Mexico

18. (a) Signature of funeral director ~~Albert H. Hoppe~~ Phillips
(b) Address Clovis N.M. ~~4700 Washington Blvd~~

19. (a) (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning 2 3rd degree burns 50% of body when burned
Due to Wrecked Automobile
Interval between onset and death 1 hr
Other conditions (Include pregnancy within 3 months of death) None
Major findings:
Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 29 1947
(c) Where did injury occur? (City or town) St. Louis (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 Same as above

Signature (M. D. or other)
Address..... Date signed 6/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.