

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10179

FILED MAR 29 1951

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State File No. 2588

Registrar's No. 2588

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2099 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp</u> | | | | d. STREET ADDRESS (If rural, give location) <u>859 Cowan</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u> | | b. (Middle) <u>Hazelwood</u> | | c. (Last) <u>Hawkins</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 1951</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>N</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u> | | 8. DATE OF BIRTH <u>5-23-1897</u> | |
| 9. AGE (In years last birthday) <u>53</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Alton, Ill.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>George Hazelwood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane McClellan</u> | | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-22-841</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Hawkins - 3614 N. 11th</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>indefinite</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>023X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>3/15, 1951</u> , to <u>3/18, 1951</u> , that I last saw the deceased alive on <u>3/18, 1951</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dary B. Ford M.D.</u> | | | | 23b. ADDRESS <u>City Hosp</u> | | 23c. DATE SIGNED <u>3/19/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-28-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calm</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Miss.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAR 20 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Faraster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. K. ... - 3516 N. 14th</u> | | | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ronald Jaburke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.