

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 38918
10944

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>10014</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> 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>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2356a Klemm</u>				d. STREET ADDRESS (If rural, give location) <u>3454a S. Grand</u>			
3. NAME OF DECEASED (Type or Print) <u>Hazel</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Dominick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/8/51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 11, 1883</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George Hoffmann</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Krite</u>		14. NAME OF HUSBAND OR WIFE <u>George</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Marshall-2356a Klemm</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 months</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION <u>5/3/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>154X</u>			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>12/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/7/51</u> , 19 <u>51</u> , and that death occurred at <u>1:35p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles C. Grace M.D.</u>				23b. ADDRESS <u>3702 Gravois</u>		23c. DATE SIGNED <u>12/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 11 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Helderte</u> ADDRESS <u>3634 Gravois</u>			

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.