

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.49

FILED OCT 2 - 1953

State File No. **34475**

100/5

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>544</b>		Registrar's No. <b>2132</b>			
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD,</b>			c. LENGTH OF STAY (in this place) <b>7 Months</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PEACE HAVEN ASSOCIATION</b>				e. STREET ADDRESS (If rural, give location) <b>5409 Cabanne Ave.,</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b>		b. (Middle) <b>T</b>		c. (Last) <b>HAZENSTAB.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 31, 1884</b>		9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis - Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Leo Fritschler</b>			13b. MOTHER'S MAIDEN NAME <b>Agusta Preuss</b>			14. NAME OF HUSBAND OR WIFE <b>Daniel G. Hazenstab</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Chas. McMullen, Boatmans Bank, St. Louis, Mo.</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerosis heart</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Stroke fracture, etc.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs 3 mos</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION  <b>4500</b>						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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from <b>7/28/1953</b> , to <b>7/30</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7/30</b> , 19 <b>53</b> , and that death occurred at <b>9</b> P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>D. C. Todd, M.D.</b>				23b. ADDRESS <b>5669 Cabanne</b>			23c. DATE SIGNED <b>8/1/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>8-3-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-3-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domb...</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>R. Lupton &amp; Sons, 7233 Delmar Blvd.,</b>					

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence A. Murr*.....

Licensed Embalmer No. *4011*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.