

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>5 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1125 Duley Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1125 Duley Ave.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harold</b>	b. (Middle) <b>T.</b>	c. (Last) <b>Hazelrigg</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7, 1954</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 28, 1902</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR <b>7</b> Months	IF UNDER 4 HRS. <b>9</b> Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of work life (or on if retired)) <b>Dales District Manager</b>	10b. KIND OF BUSINESS ORIGIN <b>Obligate Railway</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jacksonville, Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>Lenord Hazelrigg</b>	13b. MOTHER'S MAIDEN NAME <b>Jesse Taylor</b>	14. NAME OF HUSBAND OR WIFE <b>Jewel Hazelrigg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>511-05-0020</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jewel Hazelrigg</b>	ADDRESS <b>Kirkwood 22, Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary arteriosclerosis</b>		
	DUE TO (c) <b>arteriosclerotic ht disease</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Aug 29, 1952 to Feb. 7, 1954, that I last saw the deceased alive on Feb. 7, 1954, and that death occurred at 4:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Thomas Celest M.D.</b>	23b. ADDRESS <b>601 Humboldt Bldg.</b>	23c. DATE SIGNED <b>2/7/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>2/10/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ioof Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Norman Okla.</b>
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DATE REC'D BY LOCAL REG. <b>2-8-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Danks M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger</b>	ADDRESS <b>Kirkwood 22, Mo.</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William H. Pletzer*.....  
Licensed Embalmer No.. *431*.....  
P. O. Address *Kelowna*.....

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.