No. 300
10.48

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

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17443

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1174

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collinsville
d. STREET ADDRESS (If rural, give location): 116A East Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARINA
b. (Middle): PEARL
c. (Last): HAZZARD

4. DATE OF DEATH (Month) (Day) (Year): MAY 18, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28, 1918
9. AGE (In years last birthday): 35 — If under 1 year: Months 11, Days 19 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Est.
11. BIRTHPLACE (State or foreign country): Collinsville, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Othello Ferrari
13b. MOTHER'S MAIDEN NAME: Leda Bertucci
14. NAME OF HUSBAND OR WIFE: Jack Hazzard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 355-03-8788
17. INFORMANT'S SIGNATURE OR NAME: Jack H. Hazzard — **ADDRESS**: 116A E. Main St.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolism — 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): post operative intestinal obstruction

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: 5/12/54
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction 4657
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/12/54, 19__, *to* 5/18/54, 19__, *that I last saw the deceased alive on* 5/18/54, 19__, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry J. Marston **(Degree or title)**: M.D. **23b. ADDRESS**: 607 N. Grand St. Louis Mo. **23c. DATE SIGNED**: 5/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-22-54
24c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul
24d. LOCATION (City, town, or county) (State): Collinsville, Ill.

DATE REC'D BY LOCAL REG.: 5-20-54
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Paul Proman **ADDRESS**: Collinsville

(Licensed Embalmer's Statement on Reverse Side)

SN

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.

Not Embalmed

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.