

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

5417

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

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|--|-------------------------------|---|---|--|---|
| 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 Mo</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENROUTE ST. LOUIS CITY Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>912 LA SALLE</u> | | 2229 ST. 6 | |
| 3. NAME OF DECEASED (Type or Print) <u>GEORGE - AZAR</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14 1954</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u> | 8. DATE OF BIRTH <u>AUG. 8 1911</u> | | 9. AGE (In years last birthday) <u>42</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CLINTON PEABODY</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>JOHN AZAR</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY AZAR</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>ROSE BLAIR</u> | | 18. ADDRESS <u>912 LA SALLE</u> | | | |

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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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" 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) <u>581.0</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 _____, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Patent C. Taylor Coroner</u> (Degree or title) | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>7-15-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>JUNE 17 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith MD</u> | | ADDRESS <u>Thomas Kutie 2906 Garois</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 16 1954</u> | | REGISTRAR'S SIGNATURE | | | |

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

2

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 *Leo J. Buedde*.....

Licensed Embalmer No. *39*.....

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.