

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39301

State File No. _____

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2668

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moline</u>		c. CITY OR TOWN <u>Florissant</u> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		e. STREET ADDRESS (If rural, give location) <u># 16 Norma Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2115 Kappel Dr.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Hazener</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 8, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wrapper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Liggett Myers</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Anthony Hazener</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Brote</u>	14. NAME OF HUSBAND OR WIFE <u>Nil.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>Nil.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Al Smith # 16 Norma Lane,</u>	ADDRESS <u>4221</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION <u>Florissant, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>	ANTECEDENT CAUSES (b) <u>Arteriosclerotic Cardiovascular disease</u>		<u>unknown</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>anterior spinal artery thrombosis</u>		<u>unknown</u>
II. 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 <u>4221</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 23 1953, to Nov 12, 1955, that I last saw the deceased alive on Nov 7, 1955, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)	23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>11/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-14-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Doube MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington,</u>
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89.

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *Eaton & Penellice*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.