

FILED APR 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10386**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2697**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 7 HOURS		c. CITY OR TOWN 4000 FLOISSANT 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				e. STREET ADDRESS (If rural, give location) HOWDER SHELL ROAD			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) — c. (Last) AZAR			4. DATE OF DEATH (Month) (Day) (Year) MARCH 13 1956				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 19, 1884	
9. AGE (In years last birthday) 71		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) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD			11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MO.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME HENRY SCHULTE			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE AUGUST AZAR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANCIS HOFFMAN, FLOISSANT, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral hemorrhage				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 10 hours			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral hemorrhage				DUE TO (a) Cerebral hemorrhage			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Hypertension & Arteriosclerosis			
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			19b. MAJOR FINDINGS OF OPERATION 331x			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)			
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 July 1955 to March 13, 1956 , that I last saw the deceased alive on March 13, 1956 and that death occurred at 7:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Robert J. Conner			(Degree or title) M.D.			23b. ADDRESS Floissant, Mo.	
23c. DATE SIGNED 14 March 1956							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-16-1956		24c. NAME OF CEMETERY OR CREMATORY ST FERDINAND		24d. LOCATION (City, town, or county) (State) FLOISSANT 1 MO	
DATE REC'D BY LOCAL REG. MAR 15 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Gene A. Hultman		ADDRESS FLOISSANT, MO.	

(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, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene A. Satchell*
.....

Licensed Embalmer No... 4...

P. O. Address *FLORISSANT*

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