Health, Welfare Public Service

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FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33639

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8870

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ✱ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 08 Deaconess — Length of stay in Hospital: 1½ mos.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo — b. COUNTY: St. Louis c. CITY OR TOWN: Clayton (5) 4462 — Inside Limits Yes ✱ No ☐ d. STREET ADDRESS (If outside, give location): 27 6433 Alamo — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: Hazel	Middle: Maud	Last: Hines	4. DATE OF DEATH: Month Sept. Day 20 Year 1957
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED ✱ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan. 6, 1901	9. AGE (In years last birthday): 56yrs — 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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Beardstown, Ill.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Fair		14. MOTHER'S MAIDEN NAME: Catherine Murray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None		16. SOCIAL SECURITY NO.: 492-32-4852	17. INFORMANT: Mr. Harry M. Hines — Address: 6433 Alamo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pyelonephritis, — INTERVAL BETWEEN ONSET AND DEATH: 1½ mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Carcinoma of urinary bladder — → per patient 8-9 yrs. ago.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 181X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY — STATE: Mo.

21. I attended the deceased from 4/17/57 to 9/20/57 and last saw her alive on 9/20/57. Death occurred at 2:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James G. Higgs, MD	22b. ADDRESS: 7820 Carondelet Ave. Clayton, Mo.	22c. DATE SIGNED: 9/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Sept. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR: Alexander & Sons	ADDRESS: 6175 Delmar	25. DATE RECD. BY LOCAL REG.: SEP 23 57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 24

P. O. Address 6175 Pl

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