

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045774
STATE FILE NUMBER
11085

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 221 1005 S. 7th St.

3. NAME OF DECEASED (Type or print) First Middle Last CLAUDIA HAZELWOOD			4. DATE OF DEATH Month Day Year NOV. 17, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22-1917	9. AGE (In years last birthday) 40	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) Dry Cleaner	10b. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (City and state or country) Tamm, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Hazelwood	13b. MOTHER'S MAIDEN NAME Ethel Knifong	14. NAME OF HUSBAND OR WIFE Never married
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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. 331-16-0957	17. INFORMANT Herman Hazelwood	Address Tamm, Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Aspirin Poisoning</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>E 970.3</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Self ingested in Home on ar</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 11 12 58 about p.m. November 12, 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22 Home	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from Death occurred at 946 P to and last saw her him alive on on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Patrick J. Taylor Carme</i>	(Degree or title) 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11-18-1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 21-1958	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) (State) Elco, Illinois
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24. FUNERAL DIRECTOR Crain Funeral Home	ADDRESS Tamm, Ill.	25. DATE RECD. BY LOCAL REG. NOV 18 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

JUN 13 1939

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 *Vance Herr Jr*

Licensed Embalmer No. *3577*

P. O. Address *Collinsville*

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.