

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036243

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9565**

FILED OCT 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY		c. CITY OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAITH HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4218 DRESSELL			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First JOSEPH Middle J. Last HAZZARD SR.				4. DATE OF DEATH Month Oct Day 3 Year 1962		5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/1885	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY ST LOUIS TERMINAL		11. BIRTHPLACE (City and state or country) COLLINSVILLE ILL		12. CITIZEN OF WHAT COUNTRY U.S.A.									
13a. FATHER'S NAME CHRISTOPHER HAZZARD				13b. MOTHER'S MAIDEN NAME ELIZABETH KELLY			14. NAME OF HUSBAND OR WIFE ANNA				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. #		17. INFORMANT Address ANNA HAZZARD 4218 DRESSELL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute monocytic Leukemia										INTERVAL BETWEEN ONSET AND DEATH 3 wks							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 204.2										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE									
21. I attended the deceased from 9/11/62 to Oct. 2, 1962 and last saw him alive on Oct 2, 1962 Death occurred at 4:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) Anthony V. B. [Signature]						22b. ADDRESS 3400 or. Kingshighway Blvd		22c. DATE SIGNED 10/4/62									
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/6/62		23c. NAME OF CEMETERY OR CREMATORY SUNSET HILLS		23d. LOCATION (City, town, or county) ST LOUIS COUNTY MO			(State)								
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NAT'L BRIDGE				25. DATE RECD. BY LOCAL REG. OCT 5 1962		REGISTRAR'S SIGNATURE Loan Smith. M.D.											

FRI - 2 - 5
6 - 7:30
DR BENINCASA
3400 No. KINGSHIGHWAY

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 M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

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.