

FILED FEB 23 1946
Registration District No. **1003**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. Ann's Home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 7 1/2 yrs.
(If not in hospital or institution, write street number or location)

In this community 7 1/2 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Madeline Dazet

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife John B. Dazet 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 25th., 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 11 If less than one day hr. _____ min. _____

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Goetz

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Philippine Larich

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Louise

(b) Address 5301 Page Blvd.

17. (a) Burial (b) Date thereof 2-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Kennedy

(b) Address 3840 Lindell Blvd.

19. (a) FEB 7 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th., year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 15 1945 to Feb 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hypertensive Cardiovascular disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(c) Means of injury _____

23. Signature Dr. A. P. Minnich (M. D. or other) _____

Address 306 Humboldt Bldg Date signed Feb 7/46

[Handwritten signature and scribbles]

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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 this body is not embalmed, fact should be so stated above.