

Registration District No. 791

Primary Registration District No.

1003

Registrar's No.

FILED OCT 25 1940

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Benjamin Naber

3. (b) If veteran, name war No. 3. (c) Social Security No. 498-10-6058

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Naber 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased August 16th, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 1 8 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed. W. P. A.

11. Industry or business _____

12. Name Geo. B. Nabor

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lena Burkhardt

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

16. (a) Informant Edith naber

(b) Address 2110 N. 10th. St.

17. (a) Burial (b) Date thereof 9-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director H. J. Ludner and co

(b) Address 2223 St. Louis Ave.

19. (a) SEP 27 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 2110 N. 10th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24,
year 1940 hour 8:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 9, 1940 to September 24, 1940;
that I last saw him alive on September 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Thrombosis 4 hrs
Arteriosclerosis, Coronary
Due to Gastric Ulcer
Due to Post-Operative
Ventral Hernia
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: P.O. Vent. Hernia
Of operations _____
Of autopsy above

Duration
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 9/25/40

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address.....

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.