

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38933

State File No. _____

FILED DEC 9 1946

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10143

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3828 Sullivan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Magdalene Naughton

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John E. Naughton

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 8 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph Neising

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

14. Maiden name Theresa Kirst

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

16. (a) Informant Miss Catherine Naughton

(b) Address 3828 Sullivan Ave.

17. (a) Burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3828 N. Kingshighway Blvd.

19. (a) NOV 27 1946 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3828 Sullivan Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1946 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from 5-15
1946 to 11-7-46

that I last saw her alive on 11-7- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchitis

Due to Senility

Due to _____

Other conditions _____
106
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work _____ (Specify type of place) _____

(c) Means of injury _____

23. Signature Paul H. Chapman M. D. or other _____
Address 3518 Duffell Date signed 11/27-46

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

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 Fred Frick

Licensed Embalmer No. 3186

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