

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32854**
8627
 Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (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. John's Hospital
(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)

3. (a) PRINT FULL NAME Henry H. Naumann
3. (b) If veteran, name war None
3. (c) Social Security No. 489-01-0745

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Estella Naumann
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased August 11 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 0
 If less than one day hr. _____ min. _____

9. Birthplace Doe Run Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Grocery Store

12. Name Henry Naumann

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

14. Maiden name Ida Nergert

15. Birthplace Doe Run Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Naumann

(b) Address Pevely, Mo.

17. (a) Cremation Cremation **(b) Date thereof** 9/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 12 1947 **(b)** J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town Pevely
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 11 year 1947 hour 11 minute 20
A. M. P. M.

21. I hereby certify that I attended the deceased from Aug. 5 1947 to Sept. 11 1947
 that I last saw him alive on Sept. 11 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Disease of coronary arteries with occlusion of one of coronary vessels due to arteriosclerotic disease of heart & hypertension
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: as above
 Of operations _____
 Of autopsy _____

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? _____

23. Signature George A. Sullivan M.D.
(Specify type of place) (M. D. or other)
 Address 421 W. Schurmer Date signed 9/14/47

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..... *W. W. Wilkins*.....
Licensed Embalmer No..... *3575*.....
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.