. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40011

Registrar's No. 11031

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: 5381 Claxton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: (years, months or days)

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.: 5381 Claxton Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Joseph D. Naber
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Elizabeth Naber nee Jacobsmeyer
6. (c) Age of husband or wife if alive: ------ years
7. Birth date of deceased: January 26, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	5	hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Bernard Naber
13. Birthplace: Unknown Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Joseph B. Naber
(b) Address: 4429a Floriss Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave
19. (a) DEC 2 - 1947 (Date received local Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1, year 1947 hour 7:00 AM minute M.
21. I hereby certify that I attended the deceased from 6/1/47 to 12/1/47 and that I last saw him alive on 11/24/47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	6 mo.
Due to Coronary Occlusion	6 mo.
Due to Cardiovascular disease	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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)
While at work: (e) Means of injury:
23. Signature: Charles W. Harris M.D.
Address: 5298a Page Date signed 12/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.