

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28060**
Registrar's No. **7530**

Registration District No. **318** Primary Registration District No. **100**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: DePaul Hosp.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3: (a) PRINT FULL NAME Ida Nauman
3. (b) If veteran, name war none
3. (c) Social Security No. 497-09-6936

4. Sex Fe Male 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Apr 29 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Hanselman
13. Birthplace Unknown Germany
14. Maiden name Waise Beckman
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Nauman
(b) Address 3918 Beachwood

17. (a) Burial (b) Date thereof Aug. 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natl. Bridge

19. (a) AUG 27 1948 (b) J. F. Bracker
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis
(d) Street No. 4502 A. Pope
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 25
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1948 to Aug. 25, 1948
that I last saw him alive on Aug 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung
Due to Carcinoma of left ovary
Other conditions (Include pregnancy within 3 months of death) H9

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

23. Signature J. Louis Miller (M. D. or other) MD
Address 4114 W. House Date signed 8/27/48

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 *Ben Hoffman*

Licensed Embalmer No. *4366*

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.