

14608

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3575

FILED APR 25 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3575	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		214	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 14 5816 Lindenwood Ave.			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First) Elizabeth		b. (Middle) Nauman		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1952		5. SEX / F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 13, 1914		9. AGE (In years last birthday) 38		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) California, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME E. H. Spieler		13b. MOTHER'S MAIDEN NAME Bertha Mischler		14. NAME OF HUSBAND OR WIFE Raymond W. Nauman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Braden, 4218 Childress Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Bacterial Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4300	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept, 1951, to April 13, 1952 that I last saw the deceased alive on April 13, 1952, and that death occurred at 8:20P m., from the causes and on the date stated above.							
23a. SIGNATURE John S. Matthew M.D.		(Degree or title)		23b. ADDRESS 3707 Watson Rd		23c. DATE SIGNED 4-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. APR 16 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary		ADDRESS 646 Chippewa St., St. Louis, Mo.	
(Licensed Embalmer's Statement on Reverse Side)							

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

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Dr. John Matthews

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.