

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1468

FILED JUL 1 - 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webster Groves, Mo.</u>) | c. LENGTH OF STAY (In this place) (township) <u>2 Weeks</u> | c. CITY OR TOWN <u>Cuba, Missouri</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>872 Atalanta</u> | | e. STREET ADDRESS (If rural, give location) <u>0289</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> | b. (Middle) <u>R.</u> | c. (Last) <u>NAESER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1954</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 8, 1886</u> |
| 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>North Carolina</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>John Allred</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>John Naeser</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>405.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Naeser, Cuba, Missouri</u> ADDRESS _____ |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | DUE TO (b) <u>Diabetes Mellitus</u> | | <u>1 year</u> |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) _____ | | <u>5 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | _____ | | _____ |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 Oct, 1953, to June, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 12:15A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Walter W. Davis, MD</u> (Degree or title) | 23b. ADDRESS <u>539 N. Grand</u> | 23c. DATE SIGNED <u>6/23/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 24, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>6/23/54</u> | REGISTRAR'S SIGNATURE <u>Robert R. Amberg</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN Funeral Home, Inc.</u> ADDRESS <u>2501 Lafayette, St. Louis 4, Missouri</u> |
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WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....
James R. Chapman

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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