

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22029**
 Registrar's No. **5581**

FILED JUN 25 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5581 | |
| 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) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION En Route City Hospital | | | | d. STREET ADDRESS (If rural, give location) 12 5327 Savoy Court | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph | | b. (Middle) J. | | c. (Last) Nau | | 4. DATE OF DEATH (Month) (Day) (Year) June 11, 1956 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 26, 1892 | |
| 9. AGE (In years last birthday) 64 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance | | 10b. KIND OF BUSINESS OR INDUSTRY Union Ave. OUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Jacob P. Nau | | 13b. MOTHER'S MAIDEN NAME Anna Hilt | | 14. NAME OF HUSBAND OR WIFE Mary E. Nau | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-09-9788 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Nau 5327 Savoy Court | | | |
| 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) Acute Coronary Occlusion - minute | | ANTECEDENT CAUSES | | | | 10 years | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) Chronic passive congestion | | | | 10 years | |
| | | DUE TO (c) Hypertensive-arteriosclerotic heart disease | | | | 20 years | |
| 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 420.0 | | | | 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) | | | |
| 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 7 1951 , to 11 June, 1956 , that I last saw the deceased alive on 1 June, 1956 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) J. Reynolds G. ... M.D. | | | | 23b. ADDRESS 1698 BRENTWOOD BLVD. BRENTWOOD, MO. | | 23c. DATE SIGNED 6.11.56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-13-56 | | 24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. JUN 12 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union Blvd. | | | |

WRITE PLAINLY—USING UNFAADING 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

Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4032

P. O. Address 3505 Oakdale

St. Louis 20, 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.