

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32291

STATE FILE NUMBER

318

1003

8055

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 8055

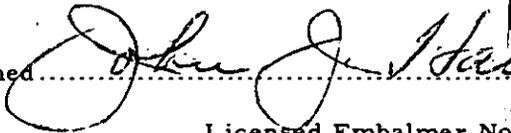
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Memorial Hosp				Length of stay in 1b 9 days		d. STREET ADDRESS (If outside, give location) 2823 Lyndhurst	
3. NAME OF DECEASED (Type or print) First Middle Last HENRY ROY NAYLOR SR.				4. DATE OF DEATH Month Day Year August 29, 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 27, 1901	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Crane Operator		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Car Co.		11. BIRTHPLACE (City and state or country) Jacksonville, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hal Naylor				14. MOTHER'S MAIDEN NAME Nora Blackman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. 488-05-2141		17. INFORMANT Address Henry R. Naylor Jr. 2823 Lyndhurst			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Pulmonary congestion, acute acute heart failure due to cardiovascular renal disease Hepatitis, subacute, infectious Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pericholecystitis and appendicitis, chronic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cholecystitis, Obesity for about eight years, appendicitis and hepatic cirrhosis							INTERVAL BETWEEN ONSET AND DEATH 1 day 1 month 6 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE 442x	
21. I attended the deceased from June 1948 to August 29 1956 and last saw her alive on Aug. 29 1956 Death occurred at 3:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Henry Rosenbery M.D.				22b. ADDRESS 1467 North Union		22c. DATE SIGNED 8/30/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept 1, 1956		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton				25. DATE RECD. BY LOCAL REG. AUG 31 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

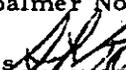
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by, Student Embalmer No
working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.