

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42396

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10181

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | b. COUNTY St. Louis | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 3 days | | c. CITY OR TOWN Jennings 4/380 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas | | b. (Middle) S. | | c. (Last) Naughton | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1957 | | | | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | | |
| 8. DATE OF BIRTH Oct. 14 1882 | | 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY bank | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME James P. Naughton | | 13b. MOTHER'S MAIDEN NAME Marguerite Fartheringham | | 14. NAME OF HUSBAND OR WIFE Elizabeth Naughton | | | |
| 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. 489 22 3136 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Naughton 2117 Switzer 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr Myocarditis DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 5 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | |
| 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 420.1 | | | | | |
| 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 10/26/57, 19, to 10/28/57, 19, that I last saw the deceased alive on 10/28/57, 19, and that death occurred at 11 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE A. Stein MD | | (Degree or title) | | 23b. ADDRESS 6917 W Florissant | | | |
| 23c. DATE SIGNED 10/29/57 | | | | | | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10/31/57 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | | | | | | |
| DATE REC'D BY LOCAL REG. OCT 30 57 | | REGISTRAR'S SIGNATURE Paul Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant Ave. | | | |

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 *Willard W. Buckholz*.....

Licensed Embalmer No. *4551*

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.