

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42397
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11162**

S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4943 Winona Ave.		d. STREET ADDRESS (If outside, give location) 4943 Winona Ave.	
3. NAME OF DECEASED (Type or print) First HENRY Middle A. Last NAUMANN		4. DATE OF DEATH Month Nov. Day 19 Year 1957	
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 May 23, 1887
9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer-	11. BIRTHPLACE (City and state or country) Kimmswick, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer-	10b. KIND OF BUSINESS OR INDUSTRY Latta Construction Co.	13. FATHER'S NAME Adam Naumann	
13a. FATHER'S NAME Adam Naumann		13b. MOTHER'S MAIDEN NAME Wilhelmina Lafholtz	
13c. MOTHER'S MAIDEN NAME Wilhelmina Lafholtz		14. NAME OF HUSBAND OR WIFE Josephine Naumann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give number of service) No		16. SOCIAL SECURITY NO. 492-05-5739	
17. INFORMANT Josephine Naumann		Address 4943 Winona Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular Hemorrhage Conditions, if any, which gave rise to above cause (as stated by underlying cause last) Hypertension DUE TO (b) 331x			INTERVAL BETWEEN ONSET AND DEATH a few min. 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour 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	
21. I attended the deceased from 3-16-54 to 11-19-57 and last saw him alive on 10-10-57 Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert Kaplan MD (Degree or title)		22b. ADDRESS 607 N. Grand	
22c. DATE SIGNED 11-21-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Nov. 22, 1957		23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Co. Mo.		23e. STATE	
24. FUNERAL DIRECTOR Kriegshauser		25. DATE RECD. BY LOCAL REG. NOV 21 57	
24a. ADDRESS 4228 S. Kingshighway		26. REGISTRAR'S SIGNATURE J. Carl Smith MD. M. J. B.	

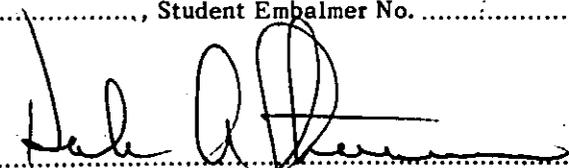
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4533

P. O. Address

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.