

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29316

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 790
Primary Registration District No. 6033
(No. St. Louis County Hospital)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

August C. Naert

(a) Residence, No. 3829 Holly Hills St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Naert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1901.

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 30 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

13. NAME Alphonse Naert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Bertha Naert 3829 Holly Hills Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 8-31-31

19. UNDERTAKER (ADDRESS) Southern 6320 Grand Blvd

20. FILED Aug 28 19. 31 R. W. Suller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Automobile accident
Verdict - quit
210 M

Date of onset 8/27/31

Other contributory causes of importance: Fractured skull

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? an

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 8/27/31

Where did injury occur? Midvale, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Being in automobile
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John O. Clum M. D.
(Address) Tommy Sporn's family

