WHITE PEARL, 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.

6735

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 1003

City ..... (No. 3624, Hydraulic Ave. St. ..... Ward)

File No. .....

Registered No. 1811

2. FULL NAME Gustav Emil Naumann

(a) Residence, No. 3624 Hydraulic Ave. St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

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: Ida Naumann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 17th 1861

7. AGE: YEARS 70 MONTHS 2 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: National Biscuit Co.

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): Germany 10

FATHER

13. NAME: Gutfried Naumann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. 31

17. INFORMANT (ADDRESS): Mrs. Emma Brinner 3624 Hydraulic Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sunset Burial Park. DATE: Feb. 27th 1932

19. UNDERTAKER (ADDRESS): Hauck & Schmitt Und. 3732 S. Grand Blvd

20. FILED: FEB 24 1932 19 ..... Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1932, to Feb 24, 1932

I last saw him alive on Feb 24, 1932. Death is said to have occurred on the date stated above, at 10.05 m. A.M.

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

Chronic Myocarditis, Chronic Interstitial Nephritis + Pleurisy with effusion on right side 121 936 1108

Date of onset: about one year

Other contributory causes of importance: Old age + as above

Name of operation: 131 (1) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

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

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

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank J. Smith, M. D.

2/24/32 (Address) 3624 So Bay