

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

Do not use this space.

41921

**1. PLACE OF DEATH**

County ..... Registration District No. 7901  
Township ..... Primary Registration District No. 10000  
City St. Louis (No. Lutheran Hospital) ..... St. .... Ward)

File No. ....  
Registered No. 11011 .....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3436 1/2 St., 26 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF) <u>Sarah J. Naucien</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23, 1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	IF LESS THAN 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> F. O. Roller Factory</u>	
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) <u>Portage, Wis.</u>		
FATHER	13. NAME <u>John B. Naucien</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Mr. Sarah J. Naucien</u> <u>3436 1/2 St. 26</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Cathary</u> DATE <u>Dec. 14 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Mat. Hermann</u> <u>1115 E. Franklin</u>		
20. FILED <u>DEC 12 1932</u> <u>W. C. STAYN</u> Registrar. <u>12/15</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1926 to Dec 10 1932  
last saw him alive on Dec 10 1932. Death is said to have occurred on the date stated above, at 11:01 a.m.  
The principal cause of death and related causes of importance were as follows:

<u>Ch. Myocarditis &amp; Fibrillation</u>	Date of onset <u>10/9/32</u>
<u>Ch. Intermittent sup. heart.</u>	<u>8/1/32</u>
<u>Right Hemiplegia apoplectic</u>	<u>12/1-32</u>
<u>uremia</u>	<u>9-14-32</u>

Other contributory causes of importance:  
Epileptic Attacks 131  
(Hemorrhage controlled) 936  
92A 64

Name of operation ..... Date of .....  
What test confirmed diagnosis? Examination 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 ..... ⓪

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify .....  
(Signed) Edmund J. Bernat ..... M. D.  
(Address) 1504 So. Grand

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.

