

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

Do not use this space.

31751

SEP 1 1936

1. PLACE OF DEATH

County Montgomery
 Township Montgomery
 City Montgomery City Mo.

Registration District No. 592
 Primary Registration District No. 5790

File No. _____
 Registered No. 22
 St. _____ Ward)

2. FULL NAME Albert Naumann

(a) Residence, No. 2124 A Portis Place St. Louis Mo. Ward.

(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 (using the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Naumann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 rd 1899
 7. AGE YEARS 36 MONTHS 7 DAYS 16
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk for General Electric Co
 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 Mo

MOTHER FATHER
 13. NAME Simon Naumann

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

15. MAIDEN NAME Sophia Tubal

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

17. INFORMANT Viola Naumann
 (ADDRESS) 2124 A Portis Plc St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery St. Louis Mo Aug 12 th 1936

19. UNDERTAKER C. W. Hopkins
 (ADDRESS) Montgomery City Mo

20. FILED Aug 9 1936 Paul Henke
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1936

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 5:15 am

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

accidental death by automobile
crushed head & brain neck broken
(region 2 nd cervical)
Corpness verdict

Date of onset

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? Inquest. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 8/20/36

Where did injury occur? 3 miles west Montgomery City Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Highway # 19 3 miles west Montgomery City Mo

Manner of injury Automobile

Nature of injury Head & Brain crushed broken neck

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____, M. D.

(Signed) James O. Helms
 (Address) New Florence Mo.
Coroner montgomery co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Montgomery
Township Montgomery
City _____ (No. _____)

Registration District No. 592
Primary Registration District No. 3790

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

2. FULL NAME

Albert Naumann

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1936

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

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

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 7 16

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____ (Total time (years) spent in this occupation _____)

accidental death by automobile crushed head + from neck broken
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

I was riding in an automobile

13. NAME

Name of operation _____ Date of _____

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

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury automobile accident
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

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

If so, specify _____ (Signed) James A. Helm, M. D.

20. FILED Oct. 19 1936 Charles Memphis Registrar

(Address) New Florence Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PRELIMINARY

S-31751

RECEIVED
MAY 19 1964