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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12683**
Registrar's No. **3113**

791

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town _____
(c) Name of hospital or institution: **4516 a St Louis, Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Lucille Marie Naeger**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Baby**

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 6th 1941**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **14 hr 8 min.**

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Anthony Peter Naeger**

13. Birthplace **Ste. Genevieve Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliz. Theresia Basler**

15. Birthplace **Bloomsdale Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Naeger**

(b) Address **4516 St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **4/9/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bloomsdale, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **APR - 9 1941** (b) **J. W. Brundick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ste. Genevieve**
(c) City or town **Ste. Genevieve**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural St. Louis Ave.**
(If rural, give location)
(e) Citizen of foreign country? **ST LOUIS AVE** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **7**
year **1941** hour **12:15** minute **2** M.

21. I hereby certify that I attended the deceased from **Apr. 6** 19**41** to **Apr. 7** 19**41**
that I last saw her alive on **Apr. 7** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **14 hrs**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **160w**

Major findings: Of operations _____

Of autopsy **160w**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **J. W. Brundick** (M. D. or other) _____

Address **4583 Washington** Date signed **4/9/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*OK
E.R.*

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.