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M-9-4-41  
ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4746

State File No.

1234

Registration District No. 794

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 Days  
 (Specify whether years, months or days)  
 In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 215 South 3rd Street  
 (If rural, give location) 9  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Joseph Ziko Naum

3. (b) If veteran, name war \_\_\_\_\_

none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife EVANTHIA

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 10, 1881

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	27	hr. _____ min.

9. Birthplace Albania

(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business unemployed

MOTHER FATHER { 12. Name Ziko Naum

13. Birthplace Albania

(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Albania

(City, town, or county) (State or foreign country)

16. (a) Informant Louis Naum (son)

(b) Address 4959 Magnolia Avenue

17. (a) Burial (b) Date thereof 2-9-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) FEB 9 1942 (b) J. F. Bradeck

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7, year 1942 hour 8:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from January 20, 1942 to February 7, 1942 that I last saw him alive on February 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Branchogenic Carcinoma

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Refused

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 time of place) (Specify means of injury)

23. Signature Dr. M. C. Jensen (M. D. or other) 2/7/42  
 Address 1515 Lafayette Avenue, Date signed \_\_\_\_\_

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

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.....  
*Charles neighbors*....., Registered Apprentice No. *319*  
working under my personal supervision.

Signed *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.