

S. No. 2
 1-4-41
 5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

129219

State File No. _____

FILED MAY 13 1942

Registrar's No. 3915

Registration District No. 791

Primary Registration District No. 100

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4245 Grace Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County 000
 (c) City or town Saint Louis.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4245 Grace Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Charles E. Naylor.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 488-05-6600

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 1st,
 year 1942. hour 3 minute 5 A. M.

4. Sex Male () 5. Color or race White
 6. (a) Single, widowed, married, divorced, MARRIED
 6. (b) Name of husband or wife Marie Naylor
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased July 11th, 1876.
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15 to May 12, 1942
 that I last saw him alive on May 1, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Acute Peritonitis
 Due to Peritonitis
 Duration 15 days

9. Birthplace Unknown / Ohio
 (City, town, or county) (State or foreign country)
 10. Usual occupation Salesman

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas B. Naylor
 13. Birthplace Unknown / Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown / Unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Marie Naylor
 (b) Address 4245 Grace Ave.
 17. (a) Burial (b) Date thereof May 4, 1942.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cemetery
 18. (a) Signature of funeral director Ziegenhain Bros.
 (b) Address 6409 Gravois Ave.
 19. (a) MAY 2 1942 (b) G. T. Bredon
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0
 23. Signature G. T. Bredon (M. D. or _____)
 Address 1539 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Granov

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.