

FILED JUN 27 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Childrens Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve 93

(c) City or town St. Genevieve, NR!
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Reynold Leo Naumann

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29
year 1942 hour 1 minute 22 P M.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb 25 1935
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Septicemia as a result of an infection caused by a splinter sustained at his home in St Genevieve Mo about three week ago exact time unknown

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

7	3	3	
			hr. min.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Ste. Genevieve, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

MOTHER FATHER { 12. Name Reynold Francis Naumann

13. Birthplace Ste. Genevieve, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Adele Foutch

15. Birthplace Ste. Genevieve Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant R. F. Naumann

(b) Address Ste. Genevieve, Mo.

17. (a) Burial (b) Date thereof 5-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) MAY 29 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

Major findings: operations Septicemia

Autopsy Attending

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

(a) Accident, suicide, or homicide (specify) Accident 095

(b) Date of occurrence about 5/1/42

(c) Where did injury occur? St Genevieve 930
(City or town) (County) (State)

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

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

23. Signature Thornor & Callahan (M. D. or other) 3

Address Deputy Coroner Date signed 5/29/42

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

100 17 9

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address

City

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.