

FD JUN 4 1943 318
Registration District No.

Primary Registration District No. 1003

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

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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 hours
(Specify whether Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME: INFANT NAES

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: Single

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: May 22, 1943
(Month) (Day) (Year)

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

0 0 0 17 hr. min.

9. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Child

11. Industry or business: Orville Naes

12. Name: Orville Naes

13. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Dolores Dillinger

15. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Orville Naes

(b) Address: 5505 Plover Ave

17. (a) Burial (b) Date thereof: 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Math Hermann & Son
(b) Address: 2161 East Fair Ave

19. (a) MAY 24 1943 J. F. Bedeak
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 99
(If outside city or town limits, write "RURAL")

(d) Street No.: 5505 Plover Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1943 hour 2:30 PM minute M.

21. I hereby certify that I attended the deceased from May 22, 1943, to May 23, 1943; that I last saw him alive on May 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia fulm.

Due to: Gviro.

Due to: 159

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

Major findings: Of operations

Of autopsy

Duration

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: 0

23. Signature: J. Pharis (M. D. or other)

Address: 607 N. Grand St. Date signed: 5-29-43

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.

Not embalmed.

Signed *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St Louis Mo.*

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.