

FILED DEC 13 1943

318

1003

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10623

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:  
3514a Greer 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3514a Greer, Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna. Marie. Naughton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 31 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>4</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name James E Naughton  
13. Birthplace St Louis, Mo,  
(City, town, or county) (State or foreign country)  
14. Maiden name Minerva Zintel  
15. Birthplace St Louis Mo,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul B. Naughton-brother  
(b) Address 3514a Greer Avenue

17. (a) burial (b) Date thereof 12-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.,

19. (a) DEC 3 1943 (b) J. J. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd  
year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 10, 1942 to Dec 2, 1943  
that I last saw her alive on Dec 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction  
Chronic Interstitial nephritis  
Due to Paralysis of both extremities (lower)  
Due to Arteriosclerosis of spine  
(Spinal stenosis) - spinal cord  
Under conditions at home - pressure  
(include pregnancy within 3 months of death)  
Tuberculosis of spine  
Major findings: Pressure and cord  
Of operations: at level of 4-5-6 dorsal  
Of autopsy \_\_\_\_\_

Duration	PHYSICIAN
<u>2 Wks</u>	_____
<u>3 Wks</u>	_____
<u>2 yrs</u>	_____
<u>10 yrs</u>	_____

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) (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Bredich (M. D. or other) \_\_\_\_\_  
Address 4902 Maryland Date signed 12/3/43

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

Dr. S. H. Pranger,  
Med. Arts Bldg 4952 Maryland  
Ro. 3062

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**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.....

*Albert Mayfield*

Licensed Embalmer No.....

*3077*

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.**