

FILED DEC 29 1943 18

Registration District No. 1818

Primary Registration District No. 1008

State File No. 40325

Registrar's No. 11184

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4559 Holly Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
in this community.....  
years, months or days)

3. (a) PRINT FULL NAME Henry Naber

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 Anna Naber nee Prange 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 14, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 9 29 hr. min.

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

10. Usual occupation Lumber Business

11. Industry or business.....

MOTHER FATHER { 12. Name Charles Naber  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Schnuck  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Naber  
(b) Address 4559 Holly Ave

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

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

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) J. F. Brudick (b) (Date received local registrar's) 43 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 129  
(If outside city or town limits, write "RURAL") 99  
(d) Street No. 4559 Holly Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th  
year 1943 hour 9:15 PM minute..... M.

21. I hereby certify that I attended the deceased from Jan 10th  
1943 to Dec 13, 1943  
that I last saw him alive on Dec 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Bronchopneumonia Duration 5 days  
Bronchitis

Due to.....

Due to.....  
Arterio sclerotic heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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)..... (e) Means of injury 0

23. Signature Frank V. Speck (M. D. or other)  
Address 9365 Clayton Road Date signed 12-15-43

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 *X 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.**