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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1943 818

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State File No. 11314
 Registrar's No.

Registration District No. _____ Primary Registration District No. _____

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:
Missouri Baptist Hospital
(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 _____
 (c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4432 Pennsylvania Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Theresa A. Nauert

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 Married

6. (b) Name of husband or wife William Nauert 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February 20th, 1897.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 27 _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife.

11. Industry or business _____

12. Name Casper Ziegler

13. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Fourgold

15. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Nauert
 (b) Address 4432 Pennsylvania Ave.

17. (a) Cremation (b) Date thereof Dec. 20-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Zigomlin Bros.

(b) Address 6407 Gravois Ave

19. (a) DEC 19 1943 (b) J. F. Brudick
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th,
 year 1943. hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from December 8, 1943 to December 17, 1943
 that I last saw her alive on December 16, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Bronchial Pneumonia 3 days
Chronic Myocarditis with
Hypertension 12 years

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

Major findings:
 Of operations _____
 Of autopsy _____

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 _____
 Signature P. J. Taylor
 Address 462 No Taylor
 Date signed 12/17/43

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

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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 *Juddie W. Jurgensen*

Licensed Embalmer No. *2570*

P. O. Address: *6409 Grovia*

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.