

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis Children's Hospital
(d) Length of stay: _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Green
(c) City or town Springfield
(d) Street No. 718 East Loren
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Stephen John Naennig
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11-27-1942

8. AGE: Years 1 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name John W. Naennig
13. Birthplace Weldon Springs
14. Maiden name Maathly Kallmayer
15. Birthplace Wiggins

16. (a) Informant John Naennig
(b) Address Springfield
17. (a) Removal (b) Date thereof 2-4-44
(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director John W. Naennig
(b) Address Springfield
19. (a) FEB 4 1944 (Date received local registrar) J. F. Beards (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 4 year 44 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from 2-4-44 to 2-4-44
that I last saw h.l.m. alive on 2-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death acute Leukemia
Due to _____
Due to _____
Other conditions _____
Major findings: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
23. Signature Gilbert B. Forbes (M. D. or other) Address 500 S. Kingshighway Date signed _____

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.....

Licensed Embalmer No.....

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.