No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15884

State File No.

Registration District No. 319

Primary Registration District No. 6078

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town "RURAL" JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LAWRENCETON
(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 STE GENEVIEVE

(c) City or town "RURAL" 9 C
(If outside city or town limits, write "RURAL")

(d) Street No. LAWRENCETON Jackson Twp.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VALENTINE NAEGER

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of ~~husband or~~ wife CAROLINE HUBER

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

7. Birth date of deceased FEB (Month) 25 (Day) 1870 (Year)

8. AGE: Years 74 | Months 1 | Days 13 | If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name LEOPOLD NAEGER
13. Birthplace BADEN, (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name THERESA SCHWEISS
15. Birthplace ZELL, (City, town, or county) Mo (State or foreign country)

16. (a) Informant ANTHONY NAEGER

(b) Address LAWRENCETON, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 11 1944 (Month) (Day) (Year)

(c) Place: burial or cremation ST LAWRENCE CEMETERY

18. (a) Signature of funeral director Jerry Stanton mortuary

(b) Address Ste Genevieve, Mo

19. (a) Apr 9/44 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8TH year 1944 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 3, 1944 to April 8, 1944 that I last saw him alive on March 31, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Prostate	2
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2

Major findings:
Of operations
Of autopsy

51 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Lansing (M. D. ~~or other~~)

Address Ste. Genevieve Mo Date signed 4/8/44

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 544-374

Date Filed 5-6-44

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. 4054

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.