S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29664

Registrar's No. 7575

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: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether years, months or days)

In this community Life. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 96 0 0

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Valley Park Mo., (If rural, give location) NR

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

If yes, name country 0

3. (a) PRINT FULL NAME John H. Natz

3. (b) If veteran, name war No

3. (c) Social Security No. 488-07-9905

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 11, 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Mo., 0 (City, town, or county) (State or foreign country)

10. Usual occupation Soda Salesman.

11. Industry or business

FATHER 12. Name John Natz, 5

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

MOTHER 14. Maiden name Helen Wack

15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Natz,

(b) Address Rte #1, Valley Park Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/44 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa at Gravois

19. (a) SEP 1 1944 (Date received local registrar) (b) J. F. Brennek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 8-44, 19 to Aug 29, 19 44 that I last saw him alive on Aug 29, 19 44 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Multiple lung abscesses

Due to Non-tuberculous MO.

Due to Infection from an unknown cause

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Dud 1/4

Of autopsy See above

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 J. L. Jerry (M. D. or other)

Address 406 S-50 Bmd Date signed 9/1/44

(Licensed Embalmer's Statement on Reverse Side)

Emb separate Cert to be filed SEP 1 1944

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.