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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 721

Registration District No. 318

Primary Registration District No.

Registrar's No. 859

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4716 Maffitt Avenue
(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

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

(d) Street No. 4716 Maffitt Avenue
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME CHARLES E. NAUMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Nellie E. Naumann

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

7. Birth date of deceased November 10th 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	15	hr. min.

9. Birthplace Carbondale, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Drug Clerk

11. Industry or business

FATHER
12. Name William F. Naumann
13. Birthplace Cleveland, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna F. Marsh
15. Birthplace Austria
(City, town, or county) (State or foreign country)

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16. (a) Informant Mrs. Nellie E. Naumann-Wife

(b) Address 4716 Maffitt Avenue,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Undertakers

(b) Address 2849 North Euclid Avenue,

19. (a) JAN 26 1946 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1946 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from June 1945, 19, to Jan. 25, 1946; that I last saw him alive on Jan. 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis — Duration 6 mos

Due to Hypertensive cardio-vascular disease — 6 mos

Due to ~~[illegible]~~

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 A. J. Signorelli (M. D. or other) MD

Address 2801 N. Taylor Date signed 1/25/46.

(Licensed Embalmer's Statement on Reverse Side)

Dr. V. Benincasa
4434 Ashland Ave.
Go. 5363

2801 No Taylor

Certified Copies

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 Robert L. Brinkman

Licensed Embalmer No. 36553

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.