

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

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FILED JAN 7 1947

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. 499 Market (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Naumann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chris Naumann 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 11 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Thomure
13. Birthplace Ste. Genevieve County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Grifford
15. Birthplace River aux Vases Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Camille Naumann
(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof Dec. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director James H. Stanton
(b) Address Ste. Genevieve, Missouri

19. (a) Dec. 21-46 (b) Diana M. Karl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1946 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 16 - 1946 to Dec 17 1946
that I last saw h. W alive on Dec 17 1946
and that death occurred on the date and hour stated above

Immediate cause of death Acute Coronary Disturbance
Coronary thrombosis 2 days
Due to arteriosclerosis
Due to Diabetes Mellitus

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. K. [unclear] (Specify type of place) (M. D. or other) MD
Address Ste. Genevieve, Mo. Date signed 12-18-46

MAY 1 1947

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 *Jerome N. Stanton*

Licensed Embalmer No. *3817*

P. O. Address *Ste Genevieve*

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.