

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3499
00171

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>96</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Mo</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7328 Oakland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home 7328 Oakland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>JOHN</u> c. (Last) <u>NAUMANN</u>		5. SEX <u>MD</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 28-1865</u> 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>83 26</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Mayville Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Frank Naumann</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		13c. NAME OF HUSBAND OR WIFE <u>Marybell Naumann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marybell Naumann</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>	
ANTECEDENT CAUSES <u>arteriosclerosis</u>		<u>3 yrs</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>8300</u>			
DUE TO (c) <u>271</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Richmond Mo Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1</u> , 19 <u>48</u> , to <u>Jan 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 22</u> , 19 <u>48</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. M. Freund MD</u> (Degree or title)		23b. ADDRESS <u>1703 S. Francis</u>	
23c. DATE SIGNED <u>1/23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 26-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>	
DATE REC'D BY LOCAL REG. <u>1-23-49</u>		REGISTRAR'S SIGNATURE <u>Freund D. Freund MD</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Waton Boylroye</u>		ADDRESS <u>6536 Clayton Rd</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Olmo R Padivale*

Licensed Embalmer No. *4077*

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.