

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14339

BIRTH NO.		REG. DIST. NO. 3187		PRIMARY REG. DIST. NO. 3063		Registrar's No. 744		
1. PLACE OF DEATH a. COUNTY <i>St Louis Co. Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St Louis Co</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clayton D</i>		c. LENGTH OF STAY (in this place) <i>13 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Maryland Heights</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Louis Co Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>Old Dorsey Road 1</i>				
3. NAME OF DECEASED a. (First) <i>Mollie</i>			b. (Middle) <i>V</i>		c. (Last) <i>Naile</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 26 1949</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>2-10-1884</i>		9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months <i>1</i>	IF UNDER 1 YEAR Days <i>16</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Clay Co. Ark</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Jim Taylor</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Andrew F. Naile</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Andrew F. Naile</i> ADDRESS <i>Maryland Heights</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute congestive heart failure</i>					INTERVAL BETWEEN ONSET AND DEATH <i>93 h</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)				
				DUE TO (c) <i>arteriosclerotic heart disease</i>		<i>4200</i>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>1. Carcinoma of gall bladder</i>		<i>2. pneumonia</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of gall bladder</i>		<i>R.L.L. + L.L.L.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 <i>Mar 13</i> , 1949, to <i>Mar 26</i> , 1949, that I last saw the deceased alive on <i>Mar 26</i> , 1949 and that death occurred at <i>8:05</i> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <i>Joseph A. Zagone, M.D.</i>			23b. ADDRESS <i>St Louis Co Hospital</i>			23c. DATE SIGNED <i>3-26-49</i>		
24a. BURIAL (CREMATION) REMOVAL (Specify)		24b. DATE <i>3-29-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Park</i>		24d. LOCATION (City, town, or county) (State) <i>Wellston, Mo</i>		
DATE REC'D BY LOCAL REG. <i>3/28/49</i>		REGISTRAR'S SIGNATURE <i>Thurid V Lininger M D</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lawrence Bohner</i>		ADDRESS <i>702 2504 Woodson Brookland</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14

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.