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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28958

State File No.

FILED SEP 9 1949

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>	
c. LENGTH OF STAY (In this place) <u>53 years</u>		95 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>98 South Second Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Catherine</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Naumann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 1, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 1 1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forelady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Works</u>	11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles J. Naumann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Schumert Naumann</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-09-7730</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Naumann</u>	ADDRESS <u>Ste. Genevieve Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration</u>		<u>10 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyperthyroid.</u> DUE TO (c) <u>✓</u>		<u>15 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 1, 1945, to Sept. 1, 1949, that I last saw the deceased alive on Sept. 1, 1949, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Spencer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ste. Genevieve Mo</u>	23c. DATE SIGNED <u>Sept. 2 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 3 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 3, 1949</u>	REGISTRAR'S SIGNATURE <u>L. D. Kulp</u>	350	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Karl</u>	ADDRESS <u>Genevieve, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-7-49

Health Officer No. 4

File Number 949-118

SEP 22 1949

SEP 20 1949

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 *Jerome H. Staule*
Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, Mo

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.