

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35447

State File No. 9173

1003

9173

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u> <u>8120</u>  d. STREET ADDRESS (If rural, give location) <u>2112 Michigan</u> <u>8</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Sophie</u> b. (Middle) _____ c. (Last) <u>Naumann</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct 17 1951</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 25, 1870</u>
<b>9. AGE</b> (In years last birthday) <u>81</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S</u>
<b>13a. FATHER'S NAME</b> _____		<b>13b. MOTHER'S MAIDEN NAME</b> _____	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Simon J. Naumann</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gertrude Fleming, Granite City, Ill</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>331X</u>		<b>22. I hereby certify that I attended the deceased from</b> <u>10-16, 1951</u> to <u>10-17, 1951</u> , that I last saw the deceased alive on <u>10-17, 1951</u> , and that death occurred at <u>8:40 a. m.</u> , from the causes and on the date stated above.	
<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. Earl Smith M.D.</u>		<b>22b. ADDRESS</b> <u>4952 Washington</u>	
<b>22c. DATE SIGNED</b> <u>10-17-51</u>		<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>23b. DATE</b> <u>10-20-51</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary</u>	
<b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>		<b>24. DATE REC'D BY LOCAL REG.</b> <u>OCT 17 1951</u>	
<b>24. REGISTRAR'S SIGNATURE</b> <u>Earl Smith M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Albert H. Hoppe</u>	
<b>25. ADDRESS</b> <u>4700 Washington</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

No. 300  
10-48

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**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.....

Licensed Embalmer No.....

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.