

FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3556

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 6079 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>		
b. CITY OR TOWN <u>RURAL STEGENEVIEVE</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>RURAL STEGENEVIEVE</u>		d. STREET ADDRESS <u>RR #1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #1</u>			d. STREET ADDRESS (If rural, give location) <u>RR #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>XAVIER</u> c. (Last) <u>NAEGLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB 11 1949</u>	9. AGE (in years last birthday) <u>2</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ZELL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK X NAEGLER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE OLIVIA ARNOLD</u>		14. NAME OF HUSBAND OR WIFE	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank X Naegler Sr. Stegenevie MO</u> ADDRESS <u>Ste. Genevieve MO</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute tracheo-bronchitis</u> <u>Acute myocarditis</u>					
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute tracheo-bronchitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>500X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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>Feb. 6, 1952</u> , to <u>Feb. 6, 1952</u> , that I last saw the deceased alive on <u>Feb. 6, 1952</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Lawrence M. D.</u> (Degree or title)			23b. ADDRESS <u>Ste. Genevieve MO</u>		23c. DATE SIGNED <u>2/7/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ZELL MO</u>		
DATE REC'D BY LOCAL REG. <u>Feb 9-1952</u>		REGISTRAR'S SIGNATURE <u>Teresa M. Karl - Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Busch Ste. Genevieve MO</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

950
1

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

Aldwin J. Eller

Licensed Embalmer No. 4740

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.